



PLATINUM  
HEALTH

# UPDATE

ISSUE 3 | 2024



Platinum Health: Tel: 087 463 0660 | [www.platinumhealth.co.za](http://www.platinumhealth.co.za)  
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# HEALTHCALENDAR

## DECEMBER 2024

Prevention of Injuries Month  
Sunsmart Skin Cancer Awareness Month (1 December - 31 January)

1 December	World AIDS Day
3 December	International Day of Persons with Disabilities
10 December	International Human Rights Day
12 December	Universal Health Coverage Day

## JANUARY 2024

Sunsmart Skin Cancer Awareness Month (1 December - 31 January)



# MESSAGE FROM THE PRINCIPAL OFFICER'S DESK

The Platinum Health (PH) Board of Trustees (BoT) recently concluded the 2025 budget which includes an annual review of the scheme benefits and contributions.

In preparing the budget for 2025, the PH BoT considered PH's financial soundness and solvency as prescribed by the Medical Schemes Act, as well as the benefits utilisation by our members. In benefit utilisation the scheme has noticed an increase in specialist costs by 15%. The scheme has also noticed increased chronicity levels with members presenting with multiple chronic conditions.

In addition to the utilisation of benefits, the BoT also considered the Platinum Group Metals (PGM) industry restructuring as a result of commodity prices. This restructuring has had a negative impact on PH. We saw membership decline from April 2024 until August 2024. This decline in membership has resulted in the scheme losing 5 176 beneficiaries.

Having considered these developments in the scheme, the BoT decided to:

- Increase the mental health benefit limit for Plat Freedom from R48 219 in 2024, to R56 100 for the 2025 benefit year.
- Increase contributions by only 9.9% on average for the 2025 benefit year.

PH contributions remain competitive and affordable compared to industry peers, with rich and unlimited benefits!

Looking ahead, the Festive Season is almost upon us and it's that wonderful time of the year where many of us will be travelling to share special times with our family and friends. If



you're away on holiday, and you need a doctor or pharmacy, remember to use our WhatsApp (080 000 692) functionality to find a service provider closest to you. Here, you can also access your digital membership card, tax certificate, and more at your fingertips!

Last, but certainly not least, I want to thank all our members for their loyalty and support during 2024 and I wish everyone a Merry Christmas and a Prosperous New Year!

Yours in health and safety  
**Welcome Mboniso**



# NEED TO CONSULT A GP OR GET A PRESCRIPTION FILLED WHILST ON HOLIDAY?

If you are on the PlatComprehensive or PlatCap options, you may make use of any GP whilst on holiday, unless there is a Platinum Health (PH) facility or designated service provider (DSP) GP nearby, in which case you are obliged to use such GP.

If you need to get a prescription filled for acute medicine and you're not close to a DSP pharmacy, you can visit any Clicks, Dischem or any other pharmacy.

If you are on the PlatFreedom option, you may make use of any GP whilst on holiday and you can utilise your pharmacy of choice to get a prescription filled for acute medicine.

Remember to ask your pharmacist about generic equivalents on the PH formulary to avoid co-payments!

Remember you can find a DSP GP or pharmacy closest to you by using our WhatsApp functionality! Just save **080 000 6942** on your phone and follow the prompts!



## DID YOU KNOW? WE EXTENDED OUR SOCIAL MEDIA PLATFORMS!

### 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!

### 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.



# STAY SAFE OVER THE FESTIVE SEASON!

If you are planning to travel over the Festive Season, please be sure to stay safe by adhering to the guidelines below.

Your membership card is your gateway to appropriate care so make sure you have it with you at all times. We also recommend that you and your family members save the Europ Assist (ambulance) number (0861 746 548) as well as the after-hours Case Management number (082 800 8727), under ICE (in case of emergency) on your mobile phone.

## Make sure that your vehicle is roadworthy by performing these safety checks:

- Check the tread and condition of the tyres.
- Ensure your vehicle has a spare tyre.
- Make sure the brakes function properly.
- Make sure that all the windows and mirrors are clean and undamaged.
- Check the water, oil and other liquid levels.
- Check that all lights are working.
- Make sure that your vehicle license and driver's license are up to date.

## Follow these travel safety tips to make sure that you reach your destination safely:

- Never drive under the influence of alcohol or drugs.
- Stick to the speed limit and always wear your seatbelt, especially babies and small children.
- Take regular breaks to rest and stretch your legs.
- Always stop in well-lit public places.

## Important tip:

Remember to take your chronic medication with whilst on holiday to ensure you have enough available for the duration of your holiday. Make sure that you use these medications as prescribed by a medical professional.



# PLATINUM HEALTH'S SELF-HELP SERVICE ON WHATSAPP IS AVAILABLE TO YOU!

At Platinum Health Medical Scheme we value your time, and that's why we implemented our quick, self-help service on WhatsApp! First make sure that the number you're using to chat to us on WhatsApp, is the same number you supplied to the scheme! If in doubt, call Client Liaison on 014 590 1700 to confirm. The next step is to save our WhatsApp number (**080 000 6942**) on your phone and start chatting!

## 1. Confirm Membership

- Step 1:** Text Hello to 080 000 6942  
**Step 2:** Select the **Confirm Membership** button.  
**Step 3:** Enter your **medical scheme number** when prompted, e.g., "1234567899."  
**Step 4:** Once confirmed, you will be taken to the **Main Menu**.



## 2. Main Menu Options

- Find Service Provider
- Membership Card
- Membership Certificate
- Request Authorisation
- Tax Certificate

You can select any of these options to proceed.

## 3. Find a Designated Service Provider (DSP)

- Step 1:** Select **Find Service Provider** from the main menu.  
**Step 2:** Select the type of provider you are looking for, such as:
- Platinum Health Centre
  - Ambulance
  - Dentist
  - General Practitioner
  - Hospital
  - Optometrist
  - Pathologist
  - Pharmacy
- Step 3:** You can choose to share your location or select a province and city from the list.  
**If sharing your location:** We will use the map to identify nearby DSPs.  
**If selecting from a list:** Choose your province and city, e.g., "Gauteng" and "Sandton."  
**Step 4:** You can select your preferred provider on the list to view their details.





## 4. Digital Membership Card

- Step 1:** Select **Membership Card** from the main menu.
- Step 2:** You will be given an option to download your digital membership card.
- Step 3:** Make your preferred selection
- Step 4:** Enter your medical scheme number when asked for a password.



## 5. Membership Certificate

- Step 1:** Select **Membership Certificate** from the main menu.
- Step 2:** We will generate the membership certificate.
- Step 3:** You will receive an option to download the certificate.
- Step 4:** Enter your medical scheme number when asked for a password.

## 6. Request Authorisation

- Step 1:** Select **Request Authorisation** from the main menu.
- Step 2:** Choose whether to **Upload** or **Download** an authorisation form.  
**Download:** Download and fill out an authorisation form to upload later.  
**Upload:** Select a document type (hospital, radiology, specialist, etc.) and submit your form for review.
- Step 3:** Once the authorisation request is submitted, we will notify you of the success.
- Then you wait to hear from us.**



## 7. Tax Certificate

- Step 1:** Select **Tax Certificate** from the main menu.
- Step 2:** Select the tax year for which you need a certificate (e.g., 2022/2023).
- Step 3:** We will generate the tax certificate.
- Step 4:** You can download and view the requested certificate.
- Step 5:** Enter your medical scheme number when asked for a password.



## Help and Support

For any issues, you can contact Platinum Health Customer Services:

**Toll-free:** 080 000 6942

**Client Liaison:** (014) 590 1700

**Email:** [phclientliason@platinumhealth.co.za](mailto:phclientliason@platinumhealth.co.za)



# ARE YOU GOING TO A MALARIA AFFECTED AREA OVER THE HOLIDAYS?

Be pro-active and take malaria prophylaxis beforehand!

It's very important to take precautionary measures before visiting a malaria affected area. You can consult your doctor or pharmacist to make sure that you take the correct malaria prophylaxis.

## The type of medication you will receive will depend on factors such as:

- your age and weight;
- which other medication you are using;
- whether you suffer from medical conditions such as epilepsy or depression; and
- which activities you plan during the trip.

It's very important that you take the prophylaxis exactly as prescribed and do not stop taking it too early after your return. Most medications have to be taken for 4 weeks after you leave the malaria affected area.

## Here are other ways you can protect yourself:

- Wear clothes with long sleeves and cover your ankles – especially at dawn and dusk, when mosquitoes are most active.
- Use long-lasting insecticide sprays inside homes and buildings.
- Place wire or gauze screens on all doors and windows.
- Keep a fan on in the room during the night – the current seems to put off the mosquitoes!
- Apply mosquito repellent directly to your skin.
- Use mosquito netting over the beds – these can be soaked in certain types of insecticide.
- Try and spend evenings indoors rather than outdoors, as you are much less likely to get bitten by mosquitoes.
- Spray mosquito repellent on your blankets.



## What are the symptoms of malaria?



Headache



Fatigue



Nausea



Vomiting



Muscle Aches



Fever



Chills



# STAY SAFE IN THE SUN THIS SUMMER!

It's natural to want to get out in the sun during warm summer days. It should also be second nature to take steps to protect your skin from the sun when you go outside. Ultraviolet (UV) rays – from the sun and other sources like tanning beds – are the number 1 cause of skin cancer!

Be SunSmart this summer by taking these steps to stay sun-safe:

## Wear protective clothing

If possible, wear long pants, long-sleeved shirts, and hats. Hats with wide brims not only cover your face, but they also protect other easy-to-forget spots like your ears and your scalp.

## Make sunglasses your favourite accessory!

Sunglasses shield your eyes from UV rays that can cause eye problems, like cataracts. Look for sunglasses that says it blocks 99% or 100% of UVB and UVA rays.

## Limit your sun time, especially between 10 a.m. and 4 p.m.

That's when the sun's rays are at their strongest. Plan your outdoor activities early in the morning or later in the afternoon.

## Use sunscreen and use it right!

UV rays can damage your skin in as little as 15 minutes. To protect your skin, put sunscreen on every part of your body that will be exposed to the sun at least 15 minutes before going outside, even if it's cloudy out.

When choosing sunscreen, be sure to pick one with an SPF of between 20 - 50, and 30 - 50 for fair to very fair skin, that offers broad-spectrum protection. One coat of sunscreen doesn't last

all day. You need to reapply sunscreen every two hours, and don't forget to put it on your hands and feet and to reapply after swimming or sweating.

## Educate and protect children!

Children should take special precaution when spending time in the sun. Two blistering burns before the age of 18, can dramatically increase the risk of getting skin cancer later in life. Just as sun damage to our skin starts when we are young, so can safe sun habits!



# PlatComprehensive OPTION

## 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	<ul style="list-style-type: none"><li>• Members located within a 50km radius of Scheme DSPs are obliged to utilise Scheme DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>• 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).</li><li>• 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).</li><li>• Consultations during normal working hours: <b>R80</b> levy per patient visit will apply.</li><li>• Consultations after normal working hours: <b>R80</b> levy per patient visit will apply.</li><li>• <b>Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.</b></li></ul>

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	<ul style="list-style-type: none"><li>• Pre-authorisation needs to be obtained prior to consulting any specialist.</li><li>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>• 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).</li><li>• 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).</li><li>• Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.</li></ul>
		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"><li>• Pre-authorisation needs to be obtained prior to consulting any specialist.</li><li>• Members located between 50 - 200km radius who elect to utilise nonDSPs 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).</li><li>• Members to be referred by a general practitioner or specialist.</li></ul>
D	HOSPITALISATION			
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff/ negotiated rate	Unlimited	<ul style="list-style-type: none"><li>• Where possible, own facilities shall be utilised.</li><li>• 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.</li><li>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).</li><li>• Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3).</li><li>• 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).</li><li>• 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.</li></ul>
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	<ul style="list-style-type: none"><li>• Subject to Scheme formulary and regulation 8(3).</li></ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>Non-Designated Service Provider Hospital</b>				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff	<b>R172,428 PMF</b>	<ul style="list-style-type: none"> <li>Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services.</li> <li>Members to be referred by general practitioners or specialists.</li> <li>Pre-authorisation is required subject to clinical protocol approval and regulation 8(3).</li> </ul>
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			
4	Medication to-take-out (TTO)	100% of Scheme tariff	<b>7-day supply PB</b> , per admission	<ul style="list-style-type: none"> <li>Subject to Scheme formulary and regulation 8(3).</li> </ul>
In all instances authorisation shall be obtained <u>prior</u> to admission and in the event of an emergency, the Scheme shall be notified of such an emergency within one working day after admission.				
<b>E</b>	<b>MEDICATION</b>			
1	Acute	100% of Scheme formulary	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.</li> <li>The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
2	PAT/OTC	100% of Scheme formulary	<b>R401 PB</b> , subject to a limit of <b>R1,083 PMF</b>	<ul style="list-style-type: none"> <li>Subject to Platinum Health network pharmacy and <b>R194</b> per event.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication.</li> <li>The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary.</li> <li>Admin fees or levies will not be covered.</li> </ul>
3	Chronic	100% of Scheme formulary	<b>Unlimited</b> for CDL conditions and additional chronic disease list	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>



Service		% Benefits	Annual Limits	Conditions/Remarks	
E	MEDICATION (continue)				
4	<b>Contraceptive benefits:</b> Hormonal subdermal progestin-only implants	100% of Scheme tariff	<b>One every three years</b>	<ul style="list-style-type: none"><li>Hormonal subdermal progestin-only implants shall be limited to one every three years from anniversary of claiming PB.</li></ul>	<ul style="list-style-type: none"><li>Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3).</li><li>Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.</li><li>The Scheme shall accept liability of 100% of the Scheme tariff.</li><li>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.</li><li>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.</li><li>Admin fees or levies will not be covered.</li></ul>
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	<b>One every five years</b>	<ul style="list-style-type: none"><li>Levonorgestrel Intrauterine device (LNG-IUD) shall be limited to one every five years from anniversary of claiming PB.</li></ul>	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogesterone: <b>every three months</b>	<ul style="list-style-type: none"><li>Medroxyprogesterone shall be limited to one every three months from anniversary of claiming PB.</li></ul>	
			Norethisterone: <b>every two months</b>	<ul style="list-style-type: none"><li>Norethisterone shall be limited to one every two months from anniversary of claiming PB.</li></ul>	
	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	<b>One every five years</b>	<ul style="list-style-type: none"><li>Intrauterine contraceptive copper device (Copper IUCD) shall be limited to one every five years from anniversary of claiming PB.</li></ul>	

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>F</b>	<b>DENTAL SERVICES</b>			
1	Conservative Dentistry	100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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.</li> </ul>
2	Specialised Dentistry	85% of Scheme tariff	R13,914 PMF	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>Authorisation required for specialised dentistry, subject to clinical protocol approval.</li> <li>A 15% co-payment of the benefit limit shall apply in respect of the repair and replacement of dentures.</li> <li>Dentures shall be limited to one set every three years from anniversary of claiming PB, subject to benefit limit.</li> <li>Orthodontic treatment benefit limited to patients under 21 years, subject to Scheme clinical protocol.</li> <li>The Scheme will accept liability for the under mentioned treatment and a 15% co-payment of the benefit limit shall apply: <ul style="list-style-type: none"> <li>Internal and External orthodontic treatment</li> <li>Prosthodontics, periodontics, and endodontic treatment</li> <li>Porcelain veneers and inlays</li> <li>Crown and Bridge work</li> <li>Metal Dentures</li> <li>External laboratory services</li> </ul> </li> </ul>
<b>G</b>	<b>RADIOLOGY</b>			
1	In-and-out of hospital	100% of Scheme tariff/negotiated rate	Unlimited	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times.</li> <li>Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to clinical protocol approval and regulation 8(3).</li> </ul>
		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"> <li>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).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>H</b>	<b>PATHOLOGY</b>			
<b>1</b>	In-and-out of hospital	100% of Scheme tariff/negotiated rate	Unlimited	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>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.</li> </ul>
		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"> <li>Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as to have voluntary obtained services.</li> <li>Members to be referred by a general practitioner or specialist, subject to clinical protocol approval and regulation 8(3).</li> </ul>
<b>I</b>	<b>PHYSIOTHERAPY AND BIOKINETICS</b>			
<b>1</b>	In-hospital	100% of Scheme tariff/negotiated rate	Unlimited	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>
		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"> <li>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).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>
<b>2</b>	Out-of-hospital	100% of Scheme tariff	<b>R5,159 PMF</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
J	CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS			
1		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li></ul>
K	EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)			
1		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"><li>Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).</li></ul>
L	BLOOD TRANSFUSIONS			
1		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"><li>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.</li></ul>
M	MEDICAL AND SURGICAL APPLIANCES			
1	Wheelchairs	100% of Scheme tariff	R7,971 PB	<ul style="list-style-type: none"><li>Wheelchairs shall be limited to one every three years from anniversary of claiming PB, up to benefit limit.</li><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li></ul>
2	Oxygen and Cylinders		Unlimited	<ul style="list-style-type: none"><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li></ul>
3	Nebulisers and Glucometers		R723 PB	<ul style="list-style-type: none"><li>Nebulisers and Glucometers shall be limited to one every three years from anniversary of claiming PB, up to benefit limit.</li><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li></ul>
4	General		R4,514 PMF	<ul style="list-style-type: none"><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li></ul>
N	PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS			
1		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li><li>The following surgical procedures are not covered:<ul style="list-style-type: none"><li>Finger/Toe joint replacement</li><li>Pain pump/Neurostimulator for chronic back pain.</li><li>Da Vinci Surgical System</li></ul></li></ul>
O	PREVENTATIVE HEALTHCARE			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually	<ul style="list-style-type: none"><li>Cancer screening (Pap smears, PSA and Mammogram) shall be limited to one every year from anniversary of claiming PB.</li><li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>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).</li><li>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).</li><li>Members to be referred by a general practitioner or specialist.</li></ul>



Service		% Benefits	Annual Limits	Conditions/Remarks
O	PREVENTATIVE HEALTHCARE (continued)			
2	Malaria prophylaxis	100% of Scheme formulary	Unlimited	<ul style="list-style-type: none"><li>Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to clinical protocol approval and regulation 8(3).</li><li>Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.</li><li>The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.</li><li>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.</li><li>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.</li><li>Admin fees or levies will not be covered.</li></ul>
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	<ul style="list-style-type: none"><li>Subject to Scheme protocols (excludes consultation cost).</li></ul>
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	<ul style="list-style-type: none"><li>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.</li><li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>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).</li><li>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).</li></ul>
2	Correction of vision surgery	100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"><li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li><li>The benefit excludes excimer laser treatment.</li></ul>
3	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation PB per annum	<ul style="list-style-type: none"><li>Screening for vision affecting chronic diseases shall be limited to one every year from anniversary of claiming PB.</li><li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>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).</li><li>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).</li></ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>R</b>	<b>AUXILIARY SERVICES</b>			
<b>1</b>	Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme tariff	Combined limit <b>R8,717 PMF</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Subject to referral by medical practitioner.</li> </ul>
<b>2</b>	Hearing Aids	100% of Scheme tariff	<b>R14,560 PB</b>	<ul style="list-style-type: none"> <li>Hearing aids shall be limited to one every three years from anniversary of claiming PB, up to benefit limit.</li> <li>Subject to referral, authorisation, Scheme DSP utilisation and clinical protocol approval by the Scheme.</li> <li>Subject to regulation 8(3).</li> </ul>
<b>S</b>	<b>CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)</b>			
<b>1</b>	Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme tariff	<b>R 8,717 PMF</b>	<ul style="list-style-type: none"> <li>To be referred by a medical practitioner.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> </ul>

## Contributions for 2025

Salary Band	Band 1 R0 – R22 283	Band 2 R22 284 – R33 630	Band 3 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.

# PlatCap OPTION

## 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
<b>A</b>	<b>STATUTORY PRESCRIBED MINIMUM BENEFITS</b>			
<b>1</b>		100% of cost	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>All services rendered by a public hospital or the Schemes DSP at costs.</li> <li>No levy or co-payment shall apply.</li> </ul>
<b>B</b>	<b>DAY-TO-DAY BENEFITS</b>			
<b>1</b>	GP Consultations and visits	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of Scheme DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Consultations during normal working hours: <b>R80</b> levy per patient visit will apply.</li> <li>Consultations after normal working hours: <b>R80</b> levy per patient visit will apply.</li> <li><b>Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.</b></li> </ul>
<b>2</b>	Acute medication	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3)</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>

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	<ul style="list-style-type: none"><li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication.</li><li>The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Plat Cap Option formulary.</li><li>Admin fees or levies will not be covered. Subject to Plat Cap option formulary and R164 per event.</li></ul>	
4	Contraceptive benefit: Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	<ul style="list-style-type: none"><li>Hormonal subdermal progestin-only implants shall be limited to one every three years from anniversary of claiming PB.</li></ul>	<ul style="list-style-type: none"><li>Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3).</li><li>Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.</li><li>The Scheme shall accept liability of 100% of the Scheme tariff.</li><li>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.</li><li>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.</li><li>Admin fees or levies will not be covered.</li></ul>
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	<ul style="list-style-type: none"><li>Levonorgestrel Intrauterine device (LNG-IUD) shall be limited to one every five years from anniversary of claiming PB.</li></ul>	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogester-one: every three months	<ul style="list-style-type: none"><li>Medroxyprogesterone shall be limited to one every three months from anniversary of claiming PB.</li></ul>	
			Norethisterone: every two months	<ul style="list-style-type: none"><li>Norethisterone shall be limited to one every two months from anniversary of claiming PB.</li></ul>	
	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	<ul style="list-style-type: none"><li>Intrauterine contraceptive copper device (Copper IUCD) shall be limited to one every five years from anniversary of claiming PB.</li></ul>	
5	Specialist Consultations	100% of Scheme tariff	3 visits or R4,378 per beneficiary, up to 5 visits or R6,350 per family	<ul style="list-style-type: none"><li>Pre-authorisation needs to be obtained prior to consulting any specialist.</li><li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>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).</li><li>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).</li><li>Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.</li><li>Subject to clinical protocol approval and regulation 8(3).</li></ul>	



	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>B</b>	<b>DAY-TO-DAY BENEFITS (continue)</b>			
<b>6</b>	Occupational Therapy, Physiotherapy & Biokinetics	100% of cost/ negotiated tariff	<b>R4,989 PMF</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Members to be referred by general practitioners or specialists.</li> <li>Subject to clinical protocol approval.</li> </ul>
<b>7</b>	General radiology	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.</li> <li>Subject to clinical protocol approval.</li> <li>Approved black and white X-rays and soft tissue ultrasound.</li> </ul>
<b>8</b>	Pathology	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members are obliged to utilise DSPs, subject to regulation 8(3).</li> <li>Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol approval and according to a list of approved tests.</li> </ul>
<b>9</b>	Conservative Dentistry	100% of Scheme tariff	One consultation PB per annum, with exception of extractions which are unlimited	<ul style="list-style-type: none"> <li>One preventative treatment PB per annum for cleaning, fillings, and x-rays with exception of extractions which are unlimited.</li> <li>One consultation shall be limited to one every year from anniversary of claiming PB.</li> <li>List of approved codes, Subject to Scheme DSP utilisation and clinical protocol approval.</li> </ul>
<b>10</b>	Emergency Dentistry	100% of Scheme tariff	One-episode PB per annum	<ul style="list-style-type: none"> <li>One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum.</li> <li>One emergency consultation shall be limited to one every year from anniversary of claiming PB.</li> </ul>
<b>11</b>	Specialised Dentistry	80% of Scheme tariff	Dentures only One set of plastic dentures PB	<ul style="list-style-type: none"> <li>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).</li> <li>Subject to Scheme DSP utilisation and clinical protocol.</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>B</b>	<b>DAY-TO-DAY BENEFITS (continue)</b>			
<b>12</b>	Optometry	100 % of Scheme tariff	Combined 2-year benefit limit of <b>R1,511</b> . One set of spectacles per beneficiary.	<ul style="list-style-type: none"> <li>Two-year benefit from anniversary of claiming PB. Subject to Scheme DSP utilisation.</li> </ul>
	Examination			<ul style="list-style-type: none"> <li>One optometric consultation PB. Subject to Scheme DSP utilisation.</li> </ul>
	Frames			<ul style="list-style-type: none"> <li>Range of Scheme approved frames every 24 months. One set of frames PB.</li> <li>Subject to Scheme DSP utilisation.</li> </ul>
	Lenses			<ul style="list-style-type: none"> <li>Single vision lens. Subject to Scheme DSP utilisation.</li> </ul>
	Contact Lenses		No benefit	
<b>13</b>	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation per annum PB	<ul style="list-style-type: none"> <li>Screening for vision affecting chronic diseases shall be limited to one every year from anniversary of claiming PB.</li> <li>Subject to Scheme DSP utilisation and clinical protocol approval.</li> </ul>
<b>C</b>	<b>PREVENTATIVE HEALTHCARE</b>			
<b>1</b>	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually	<ul style="list-style-type: none"> <li>Cancer screening (Pap smears, PSA and Mammogram) shall be limited to one every year from anniversary of claiming PB.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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).</li> <li>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).</li> <li>Members to be referred by a general practitioner or specialist.</li> </ul>
<b>2</b>	Malaria prophylaxis	100% of Scheme formulary	Unlimited	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.</li> </ul>
<b>3</b>	Obesity Management	100% of Scheme tariff and formulary	Non-surgical Weight Management	<ul style="list-style-type: none"> <li>The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.</li> <li>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.</li> </ul>
<b>4</b>	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary	<ul style="list-style-type: none"> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
<b>D</b>	<b>CHILD IMMUNISATION</b>			
<b>1</b>	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	<ul style="list-style-type: none"> <li>Subject to Scheme protocols (excludes consultation cost)</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>E</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	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>Subject to registration on the Maternity Programme.</li> </ul>
2	Neonatal Care	100% of Scheme tariff	Limited to <b>R61,881</b> per family, except PMBs	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
3	Mental Health In-hospital	100% of cost/ negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>
	Mental Health Out-of-hospital	100% of Scheme tariff	PMBs only	<ul style="list-style-type: none"> <li>Four consultations per annum PMF.</li> <li>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).</li> <li>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).</li> <li>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).</li> </ul>
4	Specialised Radiology (in-and-out of hospital)	100% of Scheme tariff	<b>R15,829</b> per family	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
5	Emergency medical transportation	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).</li> </ul>
6	General medical appliances (wheelchairs and hearing aids)	100% of Scheme tariff	<b>R7,409</b> per family	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
7	Oxygen and Cylinders	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
<b>F</b>	<b>IN-HOSPITAL BENEFITS</b>			
1	GP Consultations	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
2	Specialist Consultations	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
3	Pathology	100% of Scheme tariff	Limited to <b>R36,684</b> per family per annum	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval and regulation 8(3).</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>F</b>	<b>IN-HOSPITAL BENEFITS (continued)</b>			
4	General Radiology	100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
5	Physiotherapy	100% of Scheme tariff	R5,902 PB	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
6	Oncology	100% of cost/ negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
7	Organ Transplant	100% of cost/ negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
8	Renal Dialysis	100% of cost/ negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
9	Prosthesis (Internal)	100% of cost/ negotiated tariff	PMBs only <u>The following surgical procedures are not covered:</u> Back and neck surgery, Joint replacement surgery, Caesarian sections done for non-medical reasons, Functional nasal and sinus surgery, Varicose vein surgery, Hernia repair surgery, Laparoscopic or keyhole surgery, Endoscopies and Bunion surgery	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
<b>G</b>	<b>CHRONIC MEDICINE BENEFIT</b>			
1	Chronic Medicine	100% of Plat Cap option formulary	Unlimited for CDL conditions	<ul style="list-style-type: none"> <li>Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL).</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>



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	<ul style="list-style-type: none"><li>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.</li><li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li><li>Members located between 50 – 200km radius who elect to utilise non-DSPs will be covered 100% of negotiated tariff, subject to clinical protocol approval and regulation 8(3).</li><li>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).</li><li>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.</li></ul>
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	<ul style="list-style-type: none"><li>Subject to Plat Cap option formulary.</li><li>Admin fees or levies will not be covered.</li></ul>
5	Alternative to hospitalisation (step-down or home nursing)	100% of Scheme tariff	Limited to <b>R19,461</b> per family per annum	<ul style="list-style-type: none"><li>Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3).</li><li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval.</li><li>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.</li></ul>
6	Physical rehabilitation	100% of Scheme tariff	Limited to <b>R69,479</b> per family per annum	<ul style="list-style-type: none"><li>Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3).</li><li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval.</li><li>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.</li></ul>

## Contributions for 2025

Salary Band	Band 1 R0 – R14 156	Band 2 R14 157 – R22 074	Band 3 R22 075+
<b>Principal</b>	R1,424	R1,729	R3,253
<b>Adult</b>	R1,424	R1,729	R3,253
<b>Child</b>	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.

# PlatFreedom OPTION

## 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
<b>D</b>	<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
<b>1</b>		100% of negotiated fee	Subject to OAL	Authorisation required
<b>E</b>	<b>CONSULTATIONS AND VISITS - General Practitioners and Medical Specialists</b>			
<b>1</b>	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL. Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
	Out-of-hospital	100% of the lower of cost or Scheme rate	<b>M0: R6 865</b> <b>M1: R10 297</b> <b>M2: R13 717</b> <b>M3+: R17 161</b> Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services, and physiotherapy.	
<b>F</b>	<b>DENTISTRY</b>			
<b>1</b>	<b>Basic:</b> 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	<b>R16 800</b> per member family Subject to clinical protocol approval.	Authorisation required for all dental treatment in-hospital
<b>2</b>	<b>Advanced:</b> 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	<b>R17 391</b> per member family Dentures shall be limited to one set every three years from anniversary of claiming PB. Subject to benefit limit. Orthodontic treatment benefit limited to patients under 21 years, subject to Scheme clinical protocol approval.	Authorisation required for advanced dentistry, subject to clinical protocol approval
<b>G</b>	<b>HOSPITALISATION</b>			
<b>1</b>	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
<b>H</b>	<b>ALTERNATIVES TO HOSPITALISATION</b>			
<b>1</b>	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme rate	<b>R92 882</b> per member family	Authorisation required
<b>I</b>	<b>IMMUNODEFICIENCY SYNDROME (HIV/AIDS)</b>			
<b>1</b>		100% of cost		Authorisation required
<b>J</b>	<b>INFERTILITY</b>			
<b>1</b>		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
<b>K</b>	<b>MATERNITY</b>			
<b>1</b>	<b>Hospital:</b> Accommodation, theatre fees, labour ward fees, dressings, medicines, and materials. <b>Note:</b> For confinement in a registered birthing unit or out-of-hospital, four (4) postnatal midwife consultations for a family each year	100% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required
<b>2</b>	Related maternity services: 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures	100% of the lower of cost or Scheme rate	<b>R10 830</b> per member family, 3D scan paid up to cost of 2D scan	
<b>3</b>	Amniocentesis	80% of the lower of cost or Scheme rate	<b>R10 900</b> per member family and further limited to one test for a family each year	
<b>L</b>	<b>MEDICINE AND INJECTION MATERIAL</b>			
<b>1</b>	Acute medicine: including malaria prophylactics	100% of the approved price	<b>M0: R6 889</b> <b>M+1: R11 965</b> <b>M+2: R15 952</b> <b>M3+: R18 490</b> (Acute Medicine limit)	Refer to general Scheme exclusions
<b>2</b>	Medicine on discharge from hospital	100% of the approved price	<b>R617</b> per beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
<b>3</b>	Over-the-counter medicine	100% of the approved price	<b>R2 055</b> per member family; maximum <b>R509</b> per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
<b>4</b>	Chronic medicine	<b>Chronic Disease List conditions</b> Up to 100% of Scheme rate for approved chronic medicine on the medicine list (formulary) Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary)  <b>Additional Disease List conditions</b> Up to 100% of MMAP for approved chronic medicine	Subject to OAL	Authorisation required Refer to general Scheme exclusions
<b>5</b>	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
<b>M</b>	<b>MENTAL HEALTH</b>			
<b>1</b>	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme rate	<b>R56 100</b> per member family (Mental Health limit)	Authorisation required
<b>2</b>	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
<b>3</b>	Out-of-hospital: Clinical Psychologist , consultations, visits, assessments, therapy, treatment, and counselling	100% of the lower of cost or Scheme rate	<b>R9 475</b> per member family	Subject to referral by medical practitioner.
<b>N</b>	<b>NON-SURGICAL PROCEDURES AND TESTS</b>			
<b>1</b>	In-hospital	80% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required
	Out-of-hospital	100% of the lower of cost or Scheme rate	<b>R11 421</b> per member family	Authorisation required
<b>O</b>	<b>OPTOMETRY</b>			
<b>1</b>	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 <b>R3 820</b> per beneficiary	No benefit for lens add-ons
<b>2</b>	Lenses	100% of the lower of cost or SAOA rate		
<b>3</b>	Frames	100% of the lower of cost or SAOA rate		
<b>4</b>	Contact lenses	100% of the lower of cost or SAOA rate	<b>R3 820</b> per beneficiary, every 2 years (from claiming PB) instead of spectacle lenses above.	
<b>5</b>	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	
<b>6</b>	Refractive eye surgery	80% of the lower of cost or Scheme rate	<b>R23 119</b> per member family	Authorisation required
<b>7</b>	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.	
<b>P</b>	<b>ORGAN AND TISSUE TRANSPLANTS</b>			
<b>1</b>	Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme rate	<b>R266 452</b> per member family (Organ Transplant limit)	Authorisation required
<b>2</b>	Immunosuppressive medication	100% of the approved price	Included in the Organ Transplant limit	Authorisation required
<b>3</b>	Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme rate	<b>R35 529</b> per beneficiary, included in the Organ Transplant limit	Authorisation required



	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>Q</b>	<b>ONCOLOGY (CANCER)</b>			
<b>1</b>	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	
<b>2</b>	Brachytherapy	100% of the lower of cost or Scheme rate	<b>R63 251</b> per member family	Authorisation required
<b>R</b>	<b>PREVENTATIVE HEALTHCARE</b>			
<b>1</b>	Cancer screening (Pap smears, PSA and Mammogram)	100% of the lower of cost or Scheme rate	Subject to Pathology and Radiology limits	
<b>2</b>	Malaria prophylaxis	100% of approved price	Subject to Acute Medicine limit	
<b>3</b>	Vaccines (HPV, Flu & Covid-19)	100% of approved price	Subject to Acute Medicine limit	
<b>S</b>	<b>CHILD IMMUNISATION</b>			
<b>1</b>	Child Immunisation Benefit	100% of the lower of cost or Scheme rate	According to the Department of Health protocols (excludes consultation cost)	
<b>T</b>	<b>PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
<b>1</b>	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL	
	Out-of-hospital	100% of the lower of cost or Scheme rate	<b>R12 062</b> per member family	
<b>U</b>	<b>ADDITIONAL MEDICAL SERVICES</b>			
<b>1</b>	In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme rate	<b>R16 750</b> per member family	Subject to referral by medical practitioner
<b>2</b>	Out-of-hospital: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers	100% of the lower of cost or Scheme rate	<b>R5 984</b> per member family	Subject to referral by medical practitioner
<b>V</b>	<b>PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)</b>			
<b>1</b>	In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme rate	Subject to OAL	Subject to referral by medical practitioner
<b>2</b>	Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme rate	<b>R10 479</b> per member family	Subject to referral by medical practitioner
<b>W</b>	<b>PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)</b>			
<b>1</b>		100% of the authorised cost	<b>R73 341</b> per member family	Authorisation required

	BENEFIT CATEGORY	RATE	LIMIT	AUTHORISATION
<b>X</b>	<b>RADIOLOGY AND RADIOGRAPHY</b>			
<b>1</b>	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL	
<b>2</b>	Out-of-hospital	100% of the lower of cost or Scheme rate	<b>R13 221</b> per member family	
<b>3</b>	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme rate	<b>R25 101</b> per member family	Authorisation required
<b>4</b>	PET and PET-CT scans	100% of the lower of cost or Scheme rate	One (1) for a family	Authorisation required
<b>Y</b>	<b>RENAL DIALYSIS (CHRONIC)</b>			
<b>1</b>		100% of the lower of cost or Scheme rate	<b>R266 452</b> per member family	Authorisation required
<b>Z</b>	<b>SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)</b>			
<b>1</b>		100% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required

## Contributions for 2025

Salary Band	Band 1 R0 – R15 465	Band 2 R15 466 – R22 980	Band 3 R22 981 – R31 662	Band 4 R31 663 – R64 220	Band 5 R64 221+
<b>Principal</b>	R2,687	R3,435	R3,720	R4,644	R5,503
<b>Adult</b>	R2,108	R2,707	R2,858	R3,598	R4,370
<b>Child</b>	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)