



**PLATINUM
HEALTH**



PLATCOMPREHENSIVE

BENEFITS 2023



Effective
1st January 2023





VISION

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



MISSION

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

VALUES



PLATCOMPREHENSIVE OPTION



Benefits for 2023

Platinum Health’s premium product, PlatComprehensive offers exceptional benefits, designed to meet the most demanding healthcare 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
STATUTORY PRESCRIBED MINIMUM BENEFITS			
	100% of costs	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.
GENERAL PRACTITIONER SERVICES			
Consultations and visits (in-and-out of hospital)	100% of Scheme Tariff	Unlimited	• Members located within a 50km radius of Scheme DSPs are obliged to utilise scheme DSPs, subject to 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 Scheme clinical protocol and regulation 8(3). • Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to Scheme clinical protocol and regulation 8(3). • Consultations during normal working hours: R80 levy per patient visit will apply • Consultations after normal working hours: R80 levy per patient visit will apply. • Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.

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

Service	% Benefits	Annual Limits	Conditions/Remarks
HOSPITALISATION (continued)			
Non-Designated Service Provider Hospital			
Accommodation in a general ward, high-care ward and intensive care unit	100% of Scheme Tariff	R163 439 PMF	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntarily obtained services.
Theatre fees and materials			Members to be referred by general practitioners or specialists.
Ward, Theatre drugs and hospital equipment			Pre-authorisation is required, subject to clinical protocol approval and regulation 8(3).
Medication to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	Subject to Scheme formulary and regulation 8(3).
In all instances authorisation shall be obtained <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.			
MEDICATION			
Acute	100% of Scheme formulary	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3). - Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary. - If a member elects to utilise a 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.
PAT/OTC	100% of Scheme formulary	R380 PB, subject to a limit of R1 027 PMF	- Subject to Platinum Health network pharmacy and R184 per event. - Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). - Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication. - The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary. - Admin fees or levies will not be covered.
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.

Service	% Benefits	Annual Limits	Conditions/Remarks
DENTAL SERVICES			
Conservative Dentistry	100% of Scheme Tariff	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to Scheme clinical protocol and regulation 8(3). - Members located further than 50km radius from DSPs would be covered at 100% of Scheme Tariff, subject to Scheme clinical protocol and regulation 8(3). - No levy for consultations. - General anaesthetic and hospitalisation for conservative dental work excluded, except in the case of trauma, patients under the age of eight years and impacted third molars.
Specialised Dentistry	85% of Scheme Tariff	R13 189 PMF	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to Scheme clinical protocol and regulation 8(3). - Members located further than 50km radius from DSPs would be covered at 100% of Scheme Tariff, subject to regulation 8(3). - 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 subject to protocol and a 15% co-payment of the benefit limit shall apply: - Internal and External orthodontic treatment - Prosthodontics, periodontics and endodontic treatment - Porcelain veneers and inlays - Crown and Bridge work - Metal Dentures - External laboratory services
RADIOLOGY			
In-and-out of hospital	100% of Scheme Tariff/ Negotiated rate	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to Scheme clinical protocol and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to 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 Scheme clinical protocol and regulation 8(3).
	100% of Scheme Tariff	Unlimited	- Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services in which case the scheme will cover 100% of Scheme Tariff, subject to Scheme clinical protocol and regulation 8(3). - Members to be referred by a general practitioner or specialist. - Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.

Service	% Benefits	Annual Limits	Conditions/Remarks
PATHOLOGY			
In-and-out of hospital	100% of Scheme Tariff/ Negotiated rate	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to Scheme clinical protocol and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to 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 Scheme clinical protocol and 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.
	100% of Scheme Tariff	Unlimited	- Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as have voluntary obtained services. - Members to be referred by a general practitioner or specialist, subject to Scheme clinical protocol and regulation 8(3).
PHYSIOTHERAPY AND BOKINETICS			
In-hospital	100% of Scheme Tariff/ Negotiated rate	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to 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 Scheme clinical protocol and regulation 8(3). - Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
	100% of Scheme Tariff	Unlimited	- Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as have voluntary obtained services in which case the Scheme will cover 100% of Scheme Tariff, subject to Scheme clinical protocol and regulation 8(3). - Members to be referred by a general practitioner or specialist. - No cover for physiotherapy in mental health facilities.
Out-of-hospital	100% of Scheme Tariff	R4 890 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.
CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS			
	100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).

Service	% Benefits	Annual Limits	Conditions/Remarks
EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)			
	100% of Scheme Tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
BLOOD TRANSFUSIONS			
	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.
MEDICAL AND SURGICAL APPLIANCES			
Wheelchairs	100% of Scheme Tariff	R7 555 PB	- Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). - One every three years.
Oxygen and Cylinders		Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Nebulisers and Glucometers		R685 PB	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). One every three years
General		R4 279 PMF	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS			
	100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
CHILD IMMUNISATION			
Childhood Immunisation Benefit	100% of Scheme Tariff	Limited to DOH Child Immunisation programme	According to the Department of Health (DOH) protocols (excludes consultation cost)
OPTOMETRY SERVICES			
Eye Examination	100% of Scheme Tariff	Combined 2-year benefit limit of R2 861 PB	- 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). - 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.
Frames, lenses, contact lenses and disposable contact lenses			
Correction of vision surgery	100% of Scheme Tariff	Unlimited	- Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). - The benefit excludes excimer laser treatment.

Service	% Benefits	Annual Limits	Conditions/Remarks
AUXILIARY SERVICES			
Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme Tariff	Combined limit R8 263 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). - Subject to Scheme clinical protocol.
Hearing Aids	100% of Scheme Tariff	R13 801 PB	- Subject to referral, authorisation, Scheme DSP utilisation and clinical protocol approval by the Scheme. - Subject to regulation 8(3). - Benefit only every three years.

CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)			
Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme Tariff	R8 263 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 Scheme clinical protocol and regulation 8(3).

Contributions for 2023

Salary Band	R0 – R19 372	R19 373 – R29 374	R29 375+
Principal	R1 616	R2 337	R2 771
Adult	R1 616	R2 337	R2 771
Child	R547	R832	R963

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

EXCLUSIONS

PRESCRIBED MINIMUM BENEFITS

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



GENERAL SCHEME EXCLUSIONS

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

EXCLUSIONS (continued)



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

- All costs that exceed the annual or biennial 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, unless approved by the Scheme.
- 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.
- 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.
- 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
- Refractive eye surgery, excimer laser treatment. (excluding PlatFreedom)



CONTACT DETAILS



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

CASE MANAGEMENT

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

CLIENT LIAISON (CUSTOMER SERVICES)

CLIENT LIAISON CALL CENTRE/ WALK-IN CENTRE
Situated on the corner of Beyers Naudé Avenue and Heystek Street, Rustenburg
Tel: 014 590 1700 or 080 000 6942 (toll free)
Fax: 086 591 4598
Email: phclientliaison@platinumhealth.co.za
Office hours: Monday to Friday 08:00 – 16:00

CHRONIC MEDICATION

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

Platinum Health Abbreviations

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



**PLATINUM
HEALTH**

Complaints and disputes

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

The Council for Medical Schemes

Block A Eco Glades 2 Office Park
420 Witch-Hazel Street, Ecopark
Centurion, 0157

Telephone: 012 431 0500

Fax: 012 431 0500

Customer Care call-share number: 0861 123 267

Email: complaints@medicalschemes.com

Website: www.medicalschemes.com

DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules.

