



**PLATINUM
HEALTH**



PLATFREEDOM

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





Benefits for 2023

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 157 574.

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 EACH YEAR	AUTHORISATION
Overall Annual Limit (OAL)		R1 157 574 for a family. All limits are subject to the Overall Annual Limit (OAL)	
ALTERNATIVE HEALTHCARE			
Homeopathic consultations and medicine only	80% of the lower of cost or Scheme Rate	R8 890 for a family	
AMBULANCE SERVICE			
	100% if authorised by preferred provider		Subject to approval by preferred provider
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme Rate	R21 914 per member family (Appliances limit)	
CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
Glucometers		R1 307 per beneficiary, included in the Appliances limit	
Peak flow meters		R562 per beneficiary, included in the Appliances limit	
Nebulisers		R1 502 per beneficiary, included in the Appliances limit	
Foot orthotics		R5 557 per beneficiary, included in the Appliances limit	
Keratoconus contact lenses		Subject to the Appliances limit	Authorisation required
Oxygen therapy and home ventilators		Subject to OAL	Authorisation required
Incontinence products	100% of the lower of cost or negotiated fee	Subject to OAL	Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
	100% of negotiated fee	Subject to OAL	Authorisation required
CONSULTATIONS AND VISITS - GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS			
In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL. Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
Out-of-hospital	100% of the lower of cost or Scheme Rate	M0: R6 507 M1: R9 760 M2: R13 002 M3+: R16 266 Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
DENTISTRY			
Basic: Includes plastic dentures and basic dentistry performed in-hospital for children under eight (8) and for removal of impacted wisdom teeth.	100% of the lower of cost or Scheme Rate	R15 924 per member family	Authorisation required for all dental treatment in-hospital
Advanced: Oral surgery, 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	R16 484 per member family	Authorisation required for advanced dentistry subject to scheme protocol
HOSPITALISATION			
Accommodation in a general ward, high-care ward and intensive care unit, theatre fees, ward drugs and surgical items	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
ALTERNATIVES TO HOSPITALISATION			
Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme Rate	R88 040 per member family	Authorisation required
IMMUNODEFICIENCY SYNDROME (HIV/AIDS)			
	100% of cost		Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
INFERTILITY			
	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
MATERNITY			
Hospital: Accommodation, theatre fees, labour ward fees, dressings, medicines and materials. Note: For confinement in a registered birthing unit or out-of-hospital, four (4) post-natal midwife consultations for a family each year	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
Related maternity services: 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures	100% of the lower of cost or Scheme Rate	R10 265 per member family, 3D scan paid up to cost of 2D scan	
Amniocentesis	80% of the lower of cost or Scheme Rate	R10 332 per member family and further limited to one test for a family each year	
MEDICINE AND INJECTION MATERIAL			
Acute medicine: including malaria prophylactics	100% of the approved price	M0: R6 530 M1: R11 341 M2: R15 120 M3+: R17 526 (Acute Medicine limit)	Refer to general Scheme exclusions
Medicine on discharge from hospital	100% of the approved price	R585 per beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
Over-the-counter medicine	100% of the approved price	R1 948 per member family; maximum R482 per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
Chronic medicine	Chronic Disease List conditions Up to 100% of Scheme Rate for approved chronic medicine on the medicine list (formulary) Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary) Additional Disease List conditions Up to 100% of MMAP for approved chronic medicine	Subject to OAL	Authorisation required Refer to general Scheme exclusions
Contraceptive benefits: Oral, injectable, patches, rings, devices and implants	100% of approved price	Subject to OAL	Only if prescribed for contraception (not approved for skin conditions)

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
MENTAL HEALTH			
Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme Rate	R45 705 per member family (Mental Health limit)	Authorisation required
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
Out-of-hospital: Consultations, visits, assessments, therapy, treatment and counselling	100% of the lower of cost or Scheme Rate	R8 981 per member family, included in the Mental Health limit	
NON-SURGICAL PROCEDURES AND TESTS			
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	R10 826 per member family	Authorisation required
OPTOMETRY			
Eye examination	100% of the lower of cost or SAOA Rate	One (1) examination for a beneficiary each year	
Lenses	100% of the lower of cost or SAOA Rate	Clinically essential every 2 years. Every 2 years from anniversary of claiming PB.	No benefit for lens add-ons
Frames	100% of the lower of cost or SAOA Rate	One (1) frame for a beneficiary, further limited to R1 765 per beneficiary, every 2 years from anniversary of claiming PB.	
Contact lenses	100% of the lower of cost or SAOA Rate	R3 621 per beneficiary, every 2 years (from anniversary of claiming PB) instead of spectacle lenses above.	
Readers	100% of the lower of cost or SAOA Rate	Limited to and included in the frames limit above, if obtained from a registered practice	
Refractive eye surgery	80% of the lower of cost or Scheme Rate	R21 914 per member family	Authorisation required
ORGAN AND TISSUE TRANSPLANTS			
Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme Rate	R252 561 per member family (Organ Transplant limit)	Authorisation required
Immunosuppressive medication	100% of the approved price	Included in the Organ Transplant Limit	Authorisation required
Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme Rate	R33 677 per beneficiary, included in the Organ Transplant limit	Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
ONCOLOGY (CANCER)			
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	
Brachytherapy	100% of the lower of cost or Scheme Rate	R59 954 per member family	Authorisation required
CHILD IMMUNISATION			
Childhood Immunisation Benefit	100% of lower of cost or Scheme Rate	According to the Department of Health protocols (excludes consultation cost)	
PATHOLOGY AND MEDICAL TECHNOLOGY			
In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL	
Out-of-hospital	100% of the lower of cost or Scheme Rate	R11 433 per member family	
ADDITIONAL MEDICAL SERVICES			
In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme Rate	R15 877 per member family	
Out-of-hospital: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers	100% of the lower of cost or Scheme Rate	R5 672 per member family	
PHYSIOTHERAPY, BIKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)			
In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme Rate	Subject to OAL	
Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme Rate	R9 933 per member family	
PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)			
	100% of the authorised cost	R69 518 per member family	Authorisation required

BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
RADIOLOGY AND RADIOGRAPHY			
In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL	
Out-of-hospital	100% of the lower of cost or Scheme Rate	R12 532 per member family	
Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme Rate	R23 792 per member family	Authorisation required
PET and PET-CT scans	100% of the lower of cost or Scheme Rate	One (1) for a family	Authorisation required
RENAL DIALYSIS (CHRONIC)			
	100% of the lower of cost or Scheme Rate	R252 561 per member family	Authorisation required
SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)			
	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required

Contributions for 2023

Salary Band	R0 – R13 445	R13 446 – R20 072	R20 073 – R27 655	R27 656 – R56 092	R56 093+
Principal	R2 289	R2 926	R3 169	R3 956	R4 688
Adult	R1 796	R2 307	R2 435	R3 065	R3 723
Child	R614	R789	R851	R941	R1 102

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:

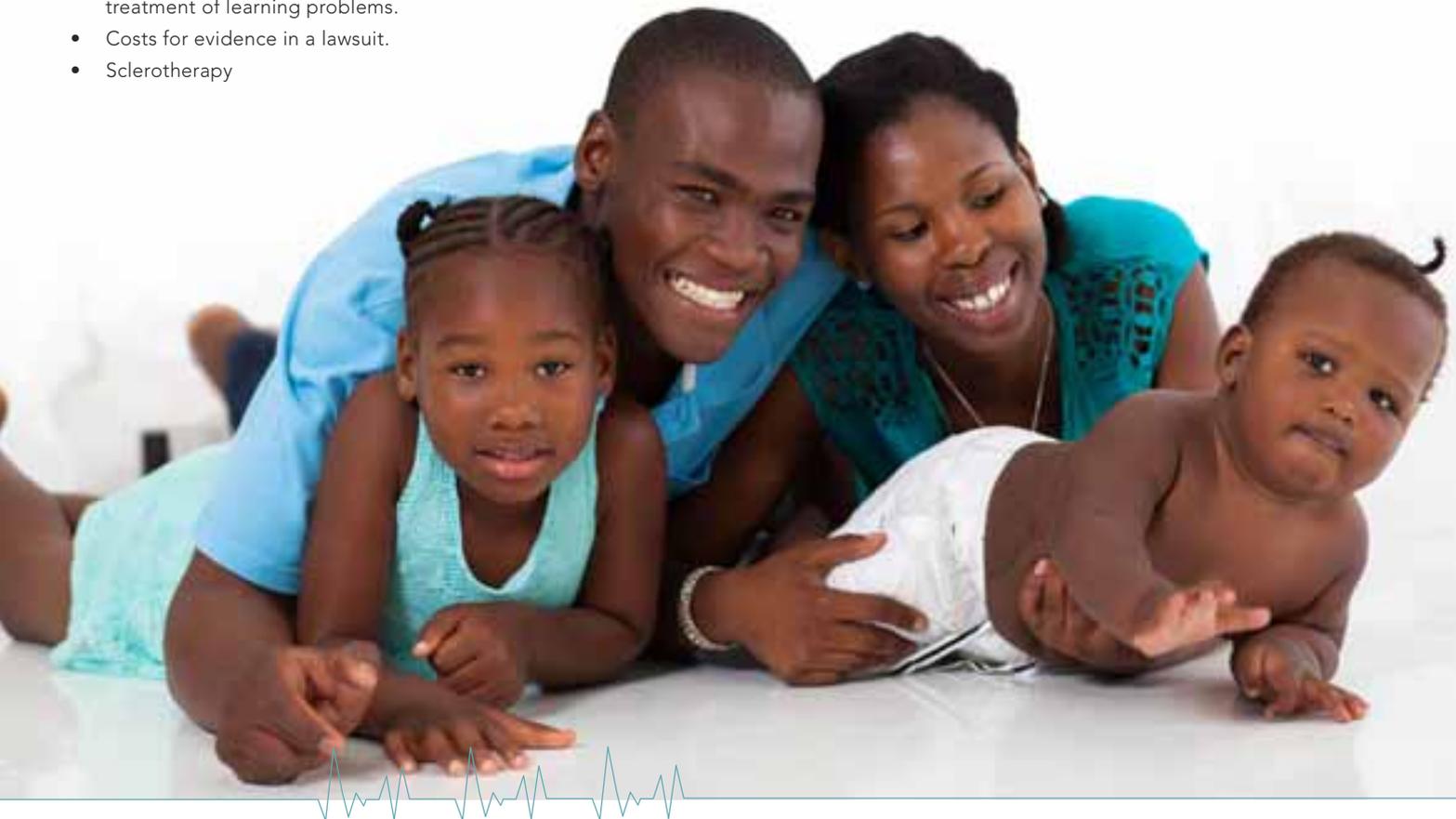
The following are excluded by the Scheme unless authorised by the Board of Trustees:

- 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	PMF	Per member family
CPAP	Continuous positive airway pressure	RSA	Republic of South Africa
GP	General practitioner	SAOA	South African Optometry Association
HIV	Human Immunodeficiency virus	Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
OAL	Overall annual limit	Scheme Formulary	List of medicine inclusive of all classes on a reference price
OTC	Over-the-counter	SEP	Single exit price
PAT	Pharmacist advised therapy		
PB	Per beneficiary		
PET scan	Positron emission tomography scan		
PMB	Prescribed minimum benefits		



**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.

