PLATINUM HEALTH

2022 PLATCAP BENEFITS

Effective 1st January 2022

PLATINUM HEALTH

Our vision:

To provide appropriate healthcare of high quality, cost efficiently, to the satisfaction of stakeholders.

Our mission:

To practice and administer appropriate medicine of such a high standard, which optimises health care and quality of life amongst all stakeholders. To effectively manage our environment and future by becoming and remaining financially self-supporting within acceptable cost constraints set for us. To attract and retain membership through service excellence by delivering quality, appropriate, equitable healthcare. To ensure that stakeholders are consistently provided with relevant information.

Platinum Health Abbreviations

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

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

PLATCAP OPTION

Benefits for 2022

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
STATUTORY PRESCRIBED MINIMUM BENEFITS			
	100% of costs	Unlimited	All services rendered by a public hospital or the schemes DSP at costs. No levy or co-payment shall apply.
DAY-TO-DAY BENEFITS			
GP Consultations and visits	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 regulation 8(3). • Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). • Consultations during normal working hours: **R80** levy per patient visit will apply • Consultations after normal working hours: **R85** levy per patient visit will apply. • **Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.**

Service	% Benefits	Annual Limits	Conditions/Remarks
DAY-TO-DAY BENEFITS (continue)			
Acute medication	100% of Scheme Tariff	Unlimited	• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). • Members located 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. • 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 Tariff	**R327** PB per annum, **R642** PMF	• 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 Plat Cap Option formulary. Admin fees or levies will not be covered. • Subject to Plat Cap option formulary and **R145** per event.
Specialist Consultations	100% of Scheme Tariff	3 visits or **R3 884** per beneficiary, up to 5 visits or **R5 633** per family	• Pre-authorisation needs to be obtained prior to consulting any specialist. • Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). • Members located between 50 - 200 km radius who elect to utilise non-DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). • Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). • Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval and regulation 8(3).
Occupational Therapy Biokinetics & Physiotherapy	100% of cost/ negotiated tariff	**R4 426 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 general practitioners or specialists. Subject to clinical protocol approval.

Service	% Benefits	Annual Limits	Conditions/Remarks
DAY-TO-DAY BENEFITS (continue)			
General Radiology	100% of Scheme Tariff	Unlimited	• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). • Members located between 50 – 200 km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme Tariff, subject to regulation 8(3). • Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). • Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval. • Approved black and white X-rays and soft tissue ultrasound.
Pathology	100% of Scheme Tariff	Unlimited	• Members are obliged to utilise DSPs, subject to regulation 8(3). • Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol and according to a list of approved tests.
Conservative Dentistry	100% of Scheme Tariff	One consultation PB per annum, with exception of extractions which are unlimited	• One preventative treatment PB per annum for cleaning, fillings and x-rays with exception of extractions which are unlimited. • List of approved codes, subject to Scheme DSP utilisation.
Emergency Dentistry	100% of Scheme Tariff	One-episode PB per annum	• One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum.
Specialised Dentistry	80% of Scheme Tariff	Dentures only One set of plastic dentures PB	• Dentures shall be limited to one set of plastic dentures per 3 consecutive years PB, applicable over age of 21 years. (20% co-payment applies). • Subject to Scheme DSP utilisation.
Optometry	100 % of Scheme Tariff	Combined 2-year benefit limit of **R1 340**. One set of spectacles per beneficiary.	• Two-year benefit from anniversary of claiming PB.
Examination			• One optometric consultation PB limited to Scheme DSP utilisation.
Frames			• Range of Scheme approved frames every 24 months. • One set of frames PB. • Subject to Scheme DSP utilisation.
Lenses			• Single vision lens. • Subject to Scheme DSP utilisation.
Contact Lenses		No benefit	
CHILD IMMUNISATION			
Child Immunisation Benefit	100% of Scheme Tariff	Limited to DOH Child Immunisation programme	According to the Department of Health (DOH) protocols (excludes consultation cost)

Service	% Benefits	Annual Limits	Conditions/Remarks
IN-AND-OUT OF HOSPITAL BENEFITS			
Maternity Care (ante and post-natal)	100 % of Scheme Tariff	Antenatal consultations are subject to the GP consultations and specialist consultation benefit	• Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). • Subject to registration on the Maternity Programme.
Neonatal Care	100 % of Scheme Tariff	Limited to **R54 895** per family, except PMBs	• Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Mental Health (in-and-out of hospital)	100% of Cost/ Negotiated Tariff	PMBs only	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). • No cover for physiotherapy in mental health facilities.
Specialised Radiology (in-and-out of hospital)	100% of Scheme Tariff	**R14 042** per family	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
Emergency medical transportation	100% of Scheme Tariff	Unlimited	• Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
General medical appliances (wheelchairs and hearing aids)	100% of Scheme Tariff	**R6 573** per family	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Oxygen and Cylinders	100% of Scheme Tariff	Unlimited	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
IN-HOSPITAL BENEFITS			
GP Consultations	100% of Scheme Tariff	Unlimited	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Specialist Consultations	100% of Scheme Tariff	Unlimited	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Pathology	100% of Scheme Tariff	Limited to **R32 543** per family per annum	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
General Radiology	100% of Scheme Tariff	Unlimited	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Physiotherapy	100% of Scheme Tariff	**R5 235** PB	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).

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Service	% Benefits	Annual Limits	Conditions/Remarks
IN-HOSPITAL BENEFITS (continued)			
Oncology	100% of Cost/ Negotiated Tariff	PMBs only	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Organ Transplant	100% of Cost/ Negotiated Tariff	PMBs only	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Renal Dialysis	100% of Cost/ Negotiated Tariff	PMBs only	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Prosthesis (Internal)	100% of Cost/ Negotiated Tariff	PMBs only The following surgical procedures are not covered: Back and neck surgery, Joint replacement surgery, Caesarian sections done for non-medical reasons, Functional nasal and sinus surgery, Varicose vein surgery, Hernia repair surgery, Laparoscopic or keyhole surgery, Endoscopies and Bunion surgery	• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
CHRONIC MEDICINE BENEFIT			
Chronic Medicine	100% of Plat Cap option formulary	Unlimited for CDL conditions	• Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL). • The Scheme shall accept liability of 100% of Therapeutic Reference Price (TRP) 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
HOSPITALISATION			
Designated Service Provider Hospitals (100% agreed and negotiated Tariffs – unlimited)			
Accommodation in a general ward, high-care ward and intensive care unit	100% of Negotiated Tariff	Unlimited	• Where possible, own facilities shall be utilised. • No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's Medical Practitioner has referred the member and that the hospitalisation is authorised. • Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). • Members located between 50 – 200km radius who elect to utilise a non-DSP will be covered 100% of negotiated 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 negotiated tariff, subject to regulation 8(3). • Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
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 Plat Cap option formulary. • Admin fees or levies will not be covered.
Alternative to hospitalisation (step-down or home nursing)	100% of Scheme Tariff	Limited to **R17 263** per family per annum	• Where possible, own facilities shall be utilised. • Members are obliged to utilise DSPs, subject to regulation 8(3). • Subject to referral by Scheme's DSP Medical Practitioner, authorisation and clinical protocol approval. • Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
Physical rehabilitation	100% of Scheme Tariff	Limited to **R61 635** per family per annum	• Where possible, own facilities shall be utilised. • Members are obliged to utilise DSPs, subject to regulation 8(3). • Subject to referral by Scheme's DSP Medical Practitioner, authorisation and clinical protocol approval. • Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.

Contributions for 2022

EFFECTIVE ON 1ST MARCH 2022

Beneficiary	R0 – R11 448	R11 449 – R17 935	R17 936+
Principal	R1 163	R1 410	R2 622
Adult	R1 163	R1 410	R2 622
Child	R475	R593	R911

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.

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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)

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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)**
	ZZGPlatinumHealthCaseManagement@platinumhealth.co.za **(alternative email address for both specialist and hospital 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 at 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

Employee Assistance Programme (EAP) Councilor Line 010 133 0525

At the start of the COVID-19 pandemic, Platinum Health established an Employee Assistance Programme (EAP) Counsellor Line to offer support, guidance and encouragement to all its members.

The dedicated EAP Counselor number is manned 24 hours per day, 7 days per week and all telephone calls are private and confidential.

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.