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PLATINUM HEALTH MEDICAL SCHEME

Plat Cap

ANNEXURE A1

Contributions 2022

Effective on 1st March 2022

Salary Band	R0 – R11448	R11449 – R17935	R17936+
Principal	R1163	R1410	R2622
Adult	R1163	R1410	R2622
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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PLATINUM HEALTH MEDICAL SCHEME

Plat Comprehensive

ANNEXURE A2

Contributions 2022

Effective on 1st March 2022

Salary Band	R0 - R18020	R18021 – R27325	R27326+
Principal	R1550	R2236	R2622
Adult	R1550	R2236	R2622
Child	R525	R796	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.



PLATINUM HEALTH MEDICAL SCHEME

Plat Freedom

ANNEXURE A3

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Contributions 2022

Effective on 1st March 2022

Salary Band	R0-R12720	R12721-R18990	R18991-R26164	R26165-R53067	R53068+
Principal	R2140	R2736	R2963	R3699	R4383
Adult	R1679	R2157	R2277	R2866	R3481
Child	R574	R738	R796	R880	R1030

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.



**PLATINUM
HEALTH**

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PLATINUM HEALTH MEDICAL SCHEME

BENEFITS (Plat Cap) 2022

ANNEXURE B1



Plat Cap Option Effective 1st January 2022

Service	% Benefits	Annual Limits	Conditions/Remarks
A STATUTORY PRESCRIBED MINIMUM BENEFITS			
1	100% of costs	Unlimited	All services rendered by a public hospital or the schemes DSP at costs. No levy or co-payment shall apply.
B DAY-TO-DAY BENEFITS			
1 GP Consultations and visits	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 GPs and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Consultations during normal working hours: R80 levy per patient visit will apply Consultations after normal working hours: R85 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.
2 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 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.
3 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.

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Plat Cap Option **Effective 1st January 2022**



Service		% Benefits	Annual Limits	Conditions/Remarks
B DAY-TO-DAY BENEFITS (continue)				
4	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).
5	Occupational Therapy, Physiotherapy & Biokinetics	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.
6	General radiology	100% of Scheme Tariff	Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services 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.
7	Pathology	100% of Scheme Tariff	Unlimited	Members are obliged to utilise DSPs, subject to regulation 8(3). Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol and according to a list of approved tests.

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Plat Cap Option Effective 1st January 2022



HEALTH			Conditions/Remarks
Service	% Benefits	Annual Limits	
B DAY-TO-DAY BENEFITS (continue)			
8 Conservative Dentistry	100% of Scheme Tariff	One consultation PB per annum, with exception of extractions which are unlimited	One preventative treatment PB per annum for cleaning, fillings, and x-rays with exception of extractions which are unlimited. List of approved codes, Subject to Scheme DSP utilisation.
9 Emergency Dentistry	100% of Scheme Tariff	One-episode PB per annum	One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum.
10 Specialised Dentistry	80% of Scheme Tariff	Dentures only One set of plastic dentures PB	Dentures shall be limited to one set of plastic dentures per 3 consecutive years PB, applicable over age of 21 years. (20% co-payment applies). Subject to Scheme DSP utilisation.
11 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. Subject to Scheme DSP utilisation.
			One optometric consultation PB limited Subject to Scheme DSP utilisation.
			Range of Scheme approved frames every 24 months. One set of frames PB. Subject to Scheme DSP utilisation. Single vision lens Subject to Scheme DSP utilisation.
C CHILD IMMUNISATION			
1 Child Immunisation Benefit	100% of Scheme Tariff	Limited to DOH Child Immunisation programme	According to the Department of Health (DOH) protocols (excludes consultation cost)

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Plat Cap Option Effective 1st January 2022

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



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Plat Cap Option Effective 1st January 2022

Service	% Benefits	Annual Limits	Conditions/Remarks
E IN-HOSPITAL BENEFITS			
1 GP Consultations	100% of Scheme Tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
2 Specialist Consultations	100% of Scheme Tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3 Pathology	100% of Scheme Tariff	Limited to R32,543 per family per annum	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
4 General Radiology	100% of Scheme Tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
5 Physiotherapy	100% of Scheme Tariff	R5,235 PB	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
6 Oncology	100% of Cost/ Negotiated Tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
7 Organ Transplant	100% of Cost/ Negotiated Tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
8 Renal Dialysis	100% of Cost/ Negotiated Tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.
9 Prosthesis (Internal)	100% of Cost/ Negotiated Tariff	PMBs only <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	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.  Mashilo Leboho 07/02/2022 12:10:24(UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za SENTFLOW.COM

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**Plat Cap Option
Effective 1st January 2022**

Service	% Benefits	Annual Limits	Conditions/Remarks
F CHRONIC MEDICINE BENEFIT			
1 Chronic Medicine	100% of Plat Cap option formulary	Unlimited for CDL conditions	Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL). The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme - in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
G HOSPITALISATION			
<i>Designated Service Provider Hospitals (100% agreed and negotiated Tariffs - unlimited)</i>			
1 Accommodation in a general ward, high-care ward, and intensive care unit	100% of Negotiated Tariff	Unlimited	Where possible, own facilities shall be utilised. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's Medical Practitioner has referred the member and that the hospitalisation is authorised. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise Non- DSPs will be covered 100% of negotiated tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of negotiated tariff, subject to regulation 8(3). Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
2 Theatre fees and materials			
3 Ward, Theatre drugs and hospital equipment			

Plat Cap Option Effective 1st January 2022

Service	% Benefits	Annual Limits	Conditions/Remarks
H HOSPITALISATION continue			
<i>Designated Service Provider Hospital (100% agreed and negotiated Tariffs – unlimited)</i>			
4 Medication-to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	Subject to Plat Cap option formulary. Admin fees or levies will not be covered.
5 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.
6 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.

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Plat Cap Option
Effective 1st January 2022



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

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**PLATINUM
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PLATINUM HEALTH MEDICAL SCHEME BENEFITS (Plat Comprehensive) 2022

ANNEXURE B2

Plat Comprehensive Option Effective 1st January 2022



Service	% Benefits	Annual Limits	Conditions/Remarks
A STATUTORY PRESCRIBED MINIMUM BENEFITS			
1	100% of costs	Unlimited	Services rendered by a public hospital or the Scheme's DSP at cost. No levy or co-payment shall apply.
	100% 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
			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.
C SPECIALIST SERVICES			
1	Consultations and visits (in-and-out of hospital)	100% of Scheme Tariff/Negotiated rate	Unlimited
		100% of Scheme Tariff	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 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 Scheme negotiated 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). Pre-authorisation needs to be obtained prior to consulting any specialist. Members located between 50 - 200km radius who elect to utilise a 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 a general practitioner or specialist. Subject to regulation 8(3).

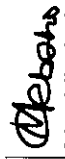
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Plat Comprehensive Option Effective 1st January 2022



HEALTH

Service		% Benefits	Annual Limits	Conditions/Remarks
D HOSPITALISATION				
1	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.
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	
Non-Designated Service Provider Hospital				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme Tariff	R152818	Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services. Members to be referred by general practitioners or specialists. Preauthorisation is required subject to clinical protocol approval and regulation 8(3).  Mashilo Leboho 07/02/2022 12:10:54(UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za SCHEMES.CO.ZA
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	
In all instances authorisation shall be obtained prior to admission and in the event of such an emergency within one working day after admission.				

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Plat Comprehensive Option Effective 1st January 2022

Service	% Benefits	Annual Limits	Conditions/Remarks
E MEDICATION			
1 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 list as per the Scheme formulary. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme - in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.
2 PAT/OTC	100% of Scheme formulary	R355 PB, subject to a limit of R960 PMF	Subject to Platinum Health network pharmacy and R172 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.
3 Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list	The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme - in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.

Plat Comprehensive Option Effective 1st January 2022

Service	% Benefits	Annual Limits	Conditions/Remarks
F DENTAL SERVICES			
1 Conservative Dentistry	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 further than 50km radius from DSPs would be covered at 100% of Scheme Tariff, subject to 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.
4 Specialised Dentistry	85% of Scheme Tariff	R12332 PMF	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to 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 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
G RADIOLOGY			
1 In-and-out of hospital	100% of Scheme Tariff/Negotiated rate 100% of Scheme Tariff	Unlimited Unlimited	Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols and regulation 8(3). Members located between 50 - 200km radius who elect to utilise a non-DSPs shall be deemed to have voluntary obtained services 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. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.

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SCHEMES COMPLATINUM
HEALTH

Plat Comprehensive Option Effective 1st January 2022

Service	% Benefits	Annual Limits	Conditions/Remarks
H PATHOLOGY			
1 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 regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. If the Scheme authorises hospitalisation at a DSP, the laboratory costs will be covered 100% of Scheme Tariff.
	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 regulation 8(3).
I PHYSIOTHERAPY AND BIOKINETICS			
1 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 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 regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
2 Out-of-hospital	100% of Scheme Tariff	R4,572 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.

Plat Comprehensive Option Effective 1st January 2022

Service		% Benefits	Annual Limits	Conditions/Remarks
J CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS				
1		100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
K EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)				
1		100% of Scheme Tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
L BLOOD TRANSFUSIONS				
1		100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Includes the cost of blood, blood equivalents, blood products and the transport of blood.
M MEDICAL AND SURGICAL APPLIANCES				
1	Wheelchairs	100% of Scheme Tariff	R7,064 PB	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). One every three years.
2	Oxygen and Cylinders		Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
3	Nebulisers and Glucometers		R640 PB	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). One every three years
4	General		R4,001 PMF	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
N PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS				
1		100% of Scheme Tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
O CHILD IMMUNISATION				
	Child Immunisation Benefit	100% of Scheme Tariff	Limited to DOH programme	According to the Department of Health (DOH) protocols (excludes consultation cost)

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PLATINUM
HEALTH

Service		% Benefits	Annual Limits	Conditions/Remarks
P OPTOMETRY SERVICES				
1	Eye Examination	100% of Scheme Tariff	Combined 2-year benefit limit of R2,675 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 have obtained services involuntary in 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.
2	Frames, lenses, contact lenses and disposable contact lenses			
3	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.
Q AUXILIARY SERVICES				
1	Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme Tariff	Combined limit R7,726 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 have obtained services involuntary in 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.
2	Hearing Aids	100% of Scheme Tariff	R12,904 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.
R CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)				
1	Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme Tariff	R7,726 PMF	To be referred by a medical practitioner. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3).

Plat Comprehensive Option Effective 1st January 2021

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



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**PLATINUM
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PLATINUM HEALTH MEDICAL SCHEME BENEFITS (Plat Freedom Option) 2022

ANNEXURE B3

Plat Freedom Option Effective 1st January 2022

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
Overall Annual Limit (OAL)			R1 095 150 for a 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	R8,496 for a 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	R20,732 for a family (Appliance's limit)	
2	CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
3	Glucometers		R1,236 for a beneficiary, included in the Appliances limit	
4	Peak flow meters		R532 for a beneficiary, included in the Appliances limit	
5	Nebulisers		R1,421 for a beneficiary, included in the Appliances limit	
6	Foot orthotics		R5,257 for a beneficiary, included in the Appliances limit	
7	Keratoconus contact lenses	 Mashilo Leboho 07/02/2022 12:13:21 (UTC+02:00) Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za	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

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BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
D	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
1		100% of negotiated fee	Subject to OAL	Authorisation required
E	CONSULTATIONS AND VISITS General Practitioners and Medical Specialists			
1	In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL. Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
	Out-of-hospital	100% of the lower of cost or Scheme Rate	M0: R6,156 M1: R9,234 M2: R12,301 M3+: R15,389 Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services, and physiotherapy.	
F	DENTISTRY			
1	Basic: Includes plastic dentures and basic dentistry performed in-hospital for children under eight (8) and for removal of impacted wisdom teeth.	100% of the lower of cost or Scheme Rate	R15,065 for a family	Authorisation required for all dental treatment in-hospital
2	Advanced: Oral surgery, metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, Osseo integrated implants, orthognathic surgery and dental technician fees	100% of the lower of cost or Scheme Rate	R15,595 for a family	Authorisation required for advanced dentistry in-hospital

Plat Freedom Option
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BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
G	HOSPITALISATION			
1	Accommodation in a general ward, high-care ward and intensive care unit, theatre fees, ward drugs and surgical items	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
H	ALTERNATIVES TO HOSPITALISATION			
1	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme Rate	R83,292 for a family	Authorisation required
I	IMMUNODEFICIENCY SYNDROME (HIV/AIDS)			
1		100% of cost		Authorisation required
J	INFERTILITY			
1		100% of the lower of cost or negotiated fee for public hospitals	Limited to interventions and investigations as prescribed by the regulations to the Medical Scheme Act	Authorisation required
K	MATERNITY			
1	Hospital: Accommodation, theatre fees, labour ward fees, dressings, medicines and materials. Note: For confinement in a registered birthing unit or out-of-hospital, four (4) post-natal midwife consultations for a family each year	100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
2	Related maternity services: 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures	100% of the lower of cost or Scheme Rate	R9,711 per family, 3D scan paid up to cost of 2D scan	
3	Amniocentesis	80% of the lower of cost or Scheme Rate	R9,775 for a family and further limited to one test for a family each year	

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR		AUTHORISATION
L	MEDICINE AND INJECTION MATERIAL				
1	Acute medicine: including malaria prophylactics	100% of the approved price	M0: R6,178 M1: R10,729 M2: R14,305 M3+: R16,581 (Acute Medicine limit)		Refer to general Scheme exclusions
2	Medicine on discharge from hospital	100% of the approved price			Refer to general Scheme exclusions
3	Over-the-counter medicine	100% of the approved price			Refer to general Scheme exclusions
4	Chronic medicine	Chronic Disease List conditions Up to 100% of Scheme Rate for approved chronic medicine on the medicine list (formulary) Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary) Additional Disease List conditions Up to 100% of MMAP for approved chronic medicine	Subject to OAL		Authorisation required Refer to general Scheme exclusions
5	Contraceptive benefits: Oral, injectable, patches, rings, devices and implants	100% of approved price		Subject to OAL	Only if prescribed for contraception (not approved for skin conditions)

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BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
M	MENTAL HEALTH			
1	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme Rate	R43,240 for a family (Mental Health limit)	Authorisation required
2	Rehabilitation for substance abuse	100% of the lower of cost or Scheme Rate	21 days for a person each year, included in the Mental Health limit	Authorisation required
3	Out-of-hospital: Consultations, visits, assessments, therapy, treatment and counselling	100% of the lower of cost or Scheme Rate	R8,497 for a family, included in the Mental Health limit	
N	NON-SURGICAL PROCEDURES AND TESTS			
1	In-hospital	80% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
	Out-of-hospital	100% of the lower of cost or Scheme Rate	R10,242 for a family	Authorisation required
O	OPTOMETRY			
1	Eye examination	100% of the lower of cost or SAOA Rate	One (1) examination for a beneficiary each year	
2	Lenses	100% of the lower of cost or SAOA Rate	Clinically essential every 2 years. Every 2 years from anniversary of claiming PB.	No benefit for lens additions
3	Frames	100% of the lower of cost or SAOA Rate	One (1) frame for a beneficiary, further limited to R1,670 for a beneficiary, every 2 years from anniversary of claiming PB.	
4	Contact lenses	100% of the lower of cost or SAOA Rate	R3,426 for a beneficiary, every 2 years (from claiming PB) instead of spectacle lenses above.	
5	Readers	100% of the lower of cost or SAOA Rate	Limited to and included in the frames limit above, if obtained from a registered practice	

6	Refractive eye surgery	80% of the lower of cost or Scheme Rate	R20,732 for a family	Authorisation required
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**Plat Freedom Option
Effective 1st January 2022**



	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
P	ORGAN AND TISSUE TRANSPLANTS			
1	Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme Rate	R238,941 for a family (Organ Transplant limit)	Authorisation required
2	Immunosuppressive medication	100% of the approved price	Included in the Organ Transplant Limit	Authorisation required
3	Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme Rate	R31,861 for a beneficiary, included in the Organ Transplant limit	Authorisation required
Q	ONCOLOGY (CANCER)			
1	Active treatment period. Includes approved pathology and post active treatment for 12 months	100% of the lower of cost or Scheme Rate	Subject to OAL	
2	Brachytherapy	100% of the lower of cost or Scheme Rate	R56,721 for a family	Authorisation required
R	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of lower of cost or Scheme Rate	According to the Department of Health protocols (excludes consultation cost)	
S	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	R10,816 for a family	

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BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
T	ADDITIONAL MEDICAL SERVICES			
1	In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme Rate	R15,021 for a family	
2	Out-of-hospital: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers	100% of the lower of cost or Scheme Rate	R5,366 for a family	
U	PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)			
1	In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme Rate	Subject to OAL	
2	Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme Rate	R9,397 for a family	
V	PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)			
1		100% of the authorised cost	R65,769 for a family	Authorisation required
W	RADIOLOGY AND RADIOGRAPHY			
1	In-hospital	100% of the lower of cost or Scheme Rate	Subject to OAL	
2	Out-of-hospital	100% of the lower of cost or Scheme Rate	R11,856 for a family	
3	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme Rate	R22,509 for a family	Authorisation required
4	PET and PET-CT scans	100% of the lower of cost or Scheme Rate	One (1) for a family	Authorisation required

Plat Freedom Option Effective 1st January 2022

BENEFIT CATEGORY		RATE	LIMIT EACH YEAR	AUTHORISATION
X	RENAL DIALYSIS (CHRONIC)			
1		100% of the lower of cost or Scheme Rate	R238,941 for a family	Authorisation required
Y	SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)			
1		100% of the lower of cost or Scheme Rate	Subject to OAL	Authorisation required
LEGEND				
AIDS		Acquired immunodeficiency syndrome		
CPAP		Continuous positive airway pressure		
GP		General practitioner		
HIV		Human immunodeficiency virus		
OAL		Overall annual Limit		
OTC		Over the counter		
PAT		Pharmacist advised therapy		
PB		Per beneficiary		
PET scan		Positron emission tomography scan		
PMB		Prescribed minimum benefit		
PMF		Per member family		
RSA		Republic of South Africa		
SAOA		South African Optometry Association		
Scheme Tariff		NHRPL 2010 + 5%, escalated by percentage increase every benefit year		
Scheme Formulary		List of medicine inclusive of all classes on a reference price		
SEP		Single exit price		

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PLATINUM HEALTH MEDICAL SCHEME EXCLUSIONS 2022 ANNEXURE C

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:



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- 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)