

Update

issue 4 2021

Platinum Health
provides R17 million
relief to members



PLATINUM
HEALTH



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Sneak preview of the next Special Update edition...



Platinum Health celebrates its 20th Anniversary of providing appropriate healthcare of high quality, cost efficiently, to the satisfaction of all stakeholders.

MESSAGE FROM THE PRINCIPAL OFFICER'S DESK

PLATINUM HEALTH PROVIDES R17 MILLION RELIEF TO MEMBERS

The year 2020 and the better part of 2021 has been challenging for South Africa (SA) and countries across the World. The COVID-19 pandemic has dominated the activities of all businesses and Platinum Health (PH) has been equally affected. Besides having to deal with the second and third waves of COVID-19, PH has been very involved in the COVID-19 vaccination programme, in collaboration with its participation employers in the Platinum and Chrome Industries. I am pleased to advise that to-date 66% of Platinum Health beneficiaries (members and dependants) have been vaccinated whilst 74% of beneficiaries with Hypertension, Diabetes Mellitus Types 1&2, HIV and TB have been vaccinated. These statistics have been verified against EVDS.

The PH Board of Trustees (BOT) has recently concluded the 2022 budget which includes an annual review of the scheme benefits and contributions. In preparing the 2022 budget, the BOT took into consideration the following:

1. Platinum Health, financial soundness and solvency as prescribed by the Medical Schemes Act.
2. The difficulties experienced by members due to the impact of the COVID-19 pandemic.
3. The impact of the vaccination campaigns and programme the scheme has embarked on since the vaccines have been made available.

Having considered these factors mentioned above, the BOT in approving the budget, contribution increases and benefits for 2022, decided:

- To give PH members a contribution increase holiday in January and February 2022, i.e. the contributions to remain the same as for 2021 for these two months. The net effect of this is that members will have no increase in contributions for these two months while the benefits have been increased by 10%, 6,5% and 4,3% for Plat Comprehensive, Plat Cap and Plat Freedom respectively.
- To introduce a New Benefit of Child Immunisation in both Plat Comprehensive and Plat Cap Options.
- That Plat Cap, Plat Comprehensive and Plat Freedom options contributions to increase by 6.95% with effect from 1st March 2022.

The BOT believes that offering members the contributions increase holiday for the months of January and February 2022 will bring significant relief to PH members in this difficult time brought about by the COVID-19 pandemic. It must be emphasised that the BOT has introduced the contributions increase holiday for two consecutive years i.e. 2021 and 2022 respectively. Due to the two months contributions increase holiday, the effective contributions increase is 5.80%, which the BOT believes will be amongst the lowest in the industry. Over and above this low increase, PH reviewed the salary ranges on the three



options, ensuring that no members will jump to a higher salary band contributions as a result of annual salary increases.

In view of the facts mentioned above, I would like to advise all those employees at our participating employers who are not yet PH members that, it is the perfect time now to join Platinum Health and I urge them to do so as from 1st until 30th November 2021.

Platinum Health leads the industry by providing rich benefits which includes but are not limited to:

- Unlimited hospitalisation
- Unlimited medicine - acute as well as chronic
- Unlimited prosthesis benefit
- Unlimited radiology benefit - in-and-out of hospital
- Unlimited specialist benefit - in-and-out of hospital

A handwritten signature in black ink, appearing to read 'Welcome Mboniso'. The signature is stylized and fluid.

Kind regards

Welcome Mboniso - Principal Officer

GOOD NEWS

WITH EFFECT FROM 1 JANUARY 2022, ALL THREE PLATINUM HEALTH OPTIONS PLATCOMPREHENSIVE, PLATCAP AND PLATFREEDOM WILL INCLUDE THE CHILDHOOD IMMUNISATION BENEFIT.

Age of child	Vaccines needed	How and where it is given
At birth	BCG	Right arm
	OPV (0)	Drops by mouth
6 weeks	OPV (1)	Drops by mouth
	RV (1)	Liquid by mouth
	PCV (1)	Intramuscular Right thigh
	Hexavalent (DTaP-IPV-Hib-HBV) (1)	Intramuscular Left thigh
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV) (2)	Intramuscular Left thigh
14 weeks	Rotavirus (2)	Oral
	PCV (2)	Intramuscular Right thigh
	Hexavalent (DTaP-IPV-Hib-HBV) (3)	Intramuscular Left thigh
6 months	Measles (Not required if giving MMR at 12 months)	Subcutaneous Left thigh
9 months	PCV (3)	Intramuscular Right thigh
12 months	MMR	Subcutaneous Right arm
18 months	Hexavalent (DTaP-IPV-Hib-HBV) (4)	Intramuscular Left arm
6 years	DTaP-IPV	Intramuscular Left arm
12 years	TDaP-IPV	Intramuscular Left arm
Additional Vaccinations		
Girls - 9 years and older	HPV (1)	Intramuscular Non-dominant arm
	HPV (2)	

Abbreviations:

BCG	Bacilles Calmette Guerin	PCV	Pneumococcal Conjugated Vaccine
OPV	Oral Polio Vaccine	TD	Tetanus and reduced strength of Diphtheria Vaccine
RV	Rotavirus		
DTaP-IPV-Hib-HBV	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined	DTaP-IPV	Diphtheria, Tetanus, Pertussis, Polio
		TDaP-IPV	Tetanus, Diphtheria, Pertussis, Polio
		HPV	Human papillomavirus vaccines
MMR	Measles, Mumps, Rubella		

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

PLATCOMPREHENSIVE OPTION

Benefits for 2022

Platinum Health's premium product, PlatComprehensive offers exceptional benefits, designed to meet the most demanding healthcare needs. It boasts extensive benefits such as unlimited hospitalisation at designated service provider (DSP) hospitals at 100% of the Scheme's Tariff. Going one step further in superiority, PlatComprehensive offers 100% cover of all acute and chronic medication subject to the Scheme's formulary. Healthcare services may be accessed via either a primary healthcare nurse or a general practitioner. Statutory Prescribed Minimum Benefits (PMBs), as required by the Medical Schemes Act, are covered both in-and-out of hospital at 100% of cost/negotiated Tariff. Services rendered by a public hospital or the Scheme's DSP at cost and no levy or co-payment shall apply. Subject to regulation 8(3) any services rendered by a non-DSP on a voluntary basis will be covered by the Scheme 100% of Scheme Tariff.

Service	% Benefits	Annual Limits	Conditions/Remarks
STATUTORY PRESCRIBED MINIMUM BENEFITS			
	100% of costs	Unlimited	<ul style="list-style-type: none"> Services rendered by a public hospital or the Scheme's DSP at cost. No levy or co-payment shall apply.
	100% of Scheme Tariff		<ul style="list-style-type: none"> Subject to regulation 8(3) any service rendered by a non-DSP on a voluntary basis will be paid at 100% of Scheme Tariff.
GENERAL PRACTITIONER SERVICES			
Consultations and visits (in-and-out of hospital)	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> 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
SPECIALIST SERVICES			
Consultations and visits (in-and-out of hospital)	100% of Scheme Tariff/ Negotiated rate	Unlimited	<ul style="list-style-type: none"> Pre-authorisation needs to be obtained prior to consulting any specialist. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to 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).
	100% of Scheme Tariff		<ul style="list-style-type: none"> 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, 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 regulation 8(3).
HOSPITALISATION			
Accommodation in a general ward, high-care ward and intensive care unit	100% of Scheme Tariff/ Negotiated rate	Unlimited	<ul style="list-style-type: none"> Where possible, own facilities shall be utilised. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's DSP practitioner or specialist has referred the member and that the hospitalisation is authorised. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.
Theatre fees and materials			
Ward, Theatre drugs and hospital equipment			
Medication to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	<ul style="list-style-type: none"> Subject to Scheme formulary and regulation 8(3).

Service	% Benefits	Annual Limits	Conditions/Remarks
HOSPITALISATION (continued)			
Non-Designated Service Provider Hospital			
Accommodation in a general ward, high-care ward and intensive care unit	100% of Scheme Tariff	R152 818	<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services.
Theatre fees and materials			<ul style="list-style-type: none"> Members to be referred by general practitioners or specialists.
Ward, Theatre drugs and hospital equipment			<ul style="list-style-type: none"> Pre-authorisation is required, subject to clinical protocol approval and regulation 8(3).
Medication to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	<ul style="list-style-type: none"> Subject to Scheme formulary and regulation 8(3).
In all instances authorisation shall be obtained <u>prior</u> to admission and in the event of an emergency, the Scheme shall be notified of such an emergency within one working day after admission.			
MEDICATION			
Acute	100% of Scheme formulary	Unlimited	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme 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 formulary	R355 PB, subject to a limit of R960 PMF	<ul style="list-style-type: none"> 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.
Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list	<ul style="list-style-type: none"> The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.

Service	% Benefits	Annual Limits	Conditions/Remarks
DENTAL SERVICES			
Conservative Dentistry	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> 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.
Specialised Dentistry	85% of Scheme Tariff	R12 332 PMF	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Internal and External orthodontic treatment Prosthodontics, periodontics and endodontic treatment Crown and Bridge work Metal Dentures Porcelain veneers and inlays External laboratory services
RADIOLOGY			
In-and-out of hospital	100% of Scheme Tariff/ Negotiated rate	Unlimited	<ul style="list-style-type: none"> 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).
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise a non-DSPs shall be deemed to have voluntarily 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.

Service	% Benefits	Annual Limits	Conditions/Remarks
PATHOLOGY			
In-and-out of hospital	100% of Scheme Tariff/ Negotiated rate	Unlimited	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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).
PHYSIOTHERAPY AND BOKINETICS			
In-hospital	100% of Scheme Tariff/ Negotiated rate	Unlimited	<ul style="list-style-type: none"> 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. No cover for physiotherapy in mental health facilities.
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> 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.
Out-of-hospital	100% of Scheme Tariff	R4 572 PMF	<ul style="list-style-type: none"> 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 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. No cover for physiotherapy in mental health facilities.
CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS			
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).

Service	% Benefits	Annual Limits	Conditions/Remarks
EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)			
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
BLOOD TRANSFUSIONS			
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Includes the cost of blood, blood equivalents, blood products and the transport of blood.
MEDICAL AND SURGICAL APPLIANCES			
Wheelchairs	100% of Scheme Tariff	R7 064 PB	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). One every three years.
Oxygen and Cylinders		Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Nebulisers and Glucometers		R640 PB	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). One every three years
General		R4 001 PMF	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS			
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
CHILD IMMUNISATION			
Childhood Immunisation Benefit	100% of Scheme Tariff	Limited to DOH Child Immunisation programme	According to the Department of Health (DOH) protocols (excludes consultation cost)
OPTOMETRY SERVICES			
Eye Examination	100% of Scheme Tariff	Combined 2-year benefit limit of R2 675 PB	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 – 200 km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Limited to one set of spectacles or range of contact lenses per beneficiary, every 2 years from anniversary of claiming PB, up to benefit limit.
Frames, lenses, contact lenses and disposable contact lenses			
Correction of vision surgery	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). The benefit excludes excimer laser treatment.

Service	% Benefits	Annual Limits	Conditions/Remarks
AUXILIARY SERVICES			
Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme Tariff	Combined limit R7 726 PMF	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 – 200 km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Subject to Scheme clinical protocol.
Hearing Aids	100% of Scheme Tariff	R12 904 PB	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation and clinical protocol approval by the Scheme. Subject to regulation 8(3). Benefit only every three years.

CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)

Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme Tariff	R7 726 PMF	<ul style="list-style-type: none"> 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).
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Contributions for 2022 - EFFECTIVE ON 1ST MARCH 2022

Beneficiary	R0 – R18 020	R18 021 – R27 325	R27 326+
Principal	R1 550	R2 236	R2 622
Adult	R1 550	R2 236	R2 622
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.

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Two-year benefit from anniversary of claiming PB.
Examination			<ul style="list-style-type: none"> One optometric consultation PB limited to Scheme DSP utilisation.
Frames			<ul style="list-style-type: none"> Range of Scheme approved frames every 24 months. One set of frames PB. Subject to Scheme DSP utilisation.
Lenses			<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).

Service	% Benefits	Annual Limits	Conditions/Remarks
IN-HOSPITAL BENEFITS (continued)			
Oncology	100% of Cost/ Negotiated Tariff	PMBs only	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 <u>The following surgical procedures are not covered:</u> Back and neck surgery, Joint replacement surgery, Caesarian sections done for non-medical reasons, Functional nasal and sinus surgery, Varicose vein surgery, Hernia repair surgery, Laparoscopic or keyhole surgery, Endoscopies and Bunion surgery	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

PLATFREEDOM OPTION

Benefits for 2022

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 095 150.

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 095 150 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 496 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	R20 732 for a family (Appliances limit)	
CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
Glucometers		R1 236 for a beneficiary, included in the Appliances limit	
Peak flow meters		R532 for a beneficiary, included in the Appliances limit	
Nebulisers		R1 421 for a beneficiary, included in the Appliances limit	
Foot orthotics		R5 257 for a 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 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.	
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 065 for a family	Authorisation required for all dental treatment in-hospital
Advanced: Oral surgery, metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, osseointegrated 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
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	R83 292 for a 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	R9 711 per family, 3D scan paid up to cost of 2D scan	
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	
MEDICINE AND INJECTION MATERIAL			
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
Medicine on discharge from hospital	100% of the approved price	R553 for a beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
Over-the-counter medicine	100% of the approved price	R1 843 for a family; maximum R456 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	R43 240 for a 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 497 for a 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 242 for a 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 670 for a beneficiary, every 2 years from anniversary of claiming PB.	
Contact lenses	100% of the lower of cost or SAOA Rate	R3 426 for a 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	R20 732 for a 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	R238 941 for a 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	R31 861 for a 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	R56 721 for a 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	R10 816 for a family	
ADDITIONAL MEDICAL SERVICES			
In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme Rate	R15 021 for a 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 366 for a family	
PHYSIOTHERAPY, BIOKINETICS 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 397 for a family	
PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)			
	100% of the authorised cost	R65 769 for a 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	R11 856 for a family	
Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme Rate	R22 509 for a 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	R238 941 for a 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 2022

EFFECTIVE ON 1ST MARCH 2022

Beneficiary	R0 – R12 720	R12 721 – R18 990	R18 991 – R26 164	R26 165 – R53 067	R53 068+
Principal	R2 140	R2 736	R2 963	R3 699	R4 383
Adult	R1 679	R2 157	R2 277	R2 866	R3 481
Child	R574	R738	R796	R880	R1 030

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.

HEALTH CARE

EXCLUSIONS 2022

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)



CHRONIC MEDICINE

The following CDL conditions are covered, subject to authorisation:

PlatComprehensive	PlatFreedom	PlatCap
1. Addison's disease	1. Addison's disease	1. Addison's disease
2. Asthma	2. Asthma	2. Asthma
3. Bipolar mood disorder	3. Bipolar mood disorder	3. Bipolar mood disorder
4. Bronchiectasis	4. Bronchiectasis	4. Bronchiectasis
5. Cardiac failure	5. Cardiac failure	5. Cardiac failure
6. Cardiomyopathy	6. Cardiomyopathy	6. Cardiomyopathy
7. Chronic renal disease	7. Chronic renal disease	7. Chronic renal disease
8. Chronic obstructive pulmonary disease (COPD)	8. Chronic obstructive pulmonary disease (COPD)	8. Chronic obstructive pulmonary disease (COPD)
9. Coronary artery disease	9. Coronary artery disease	9. Coronary artery disease
10. Crohn's disease	10. Crohn's disease	10. Crohn's disease
11. Diabetes insipidus	11. Diabetes insipidus	11. Diabetes insipidus
12. Diabetes mellitus type 1	12. Diabetes mellitus type 1	12. Diabetes mellitus type 1
13. Diabetes mellitus type 2	13. Diabetes mellitus type 2	13. Diabetes mellitus type 2
14. Dysrhythmias	14. Dysrhythmias	14. Dysrhythmias
15. Epilepsy	15. Epilepsy	15. Epilepsy
16. Glaucoma	16. Glaucoma	16. Glaucoma
17. Haemophilia	17. Haemophilia	17. Haemophilia
18. HIV/AIDS	18. HIV/AIDS	18. HIV/AIDS
19. Hyperlipidaemia	19. Hyperlipidaemia	19. Hyperlipidaemia
20. Hypertension	20. Hypertension	20. Hypertension
21. Hypothyroidism	21. Hypothyroidism	21. Hypothyroidism
22. Multiple sclerosis	22. Multiple sclerosis	22. Multiple sclerosis
23. Parkinson's disease	23. Parkinson's disease	23. Parkinson's disease
24. Rheumatoid arthritis	24. Rheumatoid arthritis	24. Rheumatoid arthritis
25. Schizophrenia	25. Schizophrenia	25. Schizophrenia
26. Systemic lupus erythematosus	26. Systemic lupus erythematosus	26. Systemic lupus erythematosus
27. Ulcerative colitis	27. Ulcerative colitis	27. Ulcerative colitis

Additional Chronic Disease List (CDL) Conditions (non-PMBs)

PlatComprehensive	PlatFreedom
In addition to the above 27 CDL conditions, an additional 53 medical conditions:	There are further Additional Disease List conditions. There is no medicine formulary for these conditions. Cover is subject to benefit entry criteria and approval. Approved medicine for these conditions will be funded up to Maximum Medical Aid Price (MMAP).
1. Acne	1. Acne
2. Attention deficit and hyperactivity disorder (ADHD)	2. Allergic Rhinitis
3. Allergy management	3. Alzheimers Disease
4. Alzheimer's disease	4. Ankylosing Spondylitis
5. Anaemias	5. Attention Deficit Hyperactivity Disorder (ADHD)
6. Ankylosing spondylitis	6. Bechet's disease
7. Generalised anxiety disorder (GAD)	
8. Benign prostatic hypertrophy	

Additional Chronic Disease List (CDL) Conditions (non-PMBs) - continued

PlatComprehensive	PlatFreedom
9. Cardiac dysrhythmias	7. Cystic Fibrosis
10. Cerebral palsy	8. Depression
11. Chronic bronchitis	9. Dermatomyositis
12. Chronic liver disease	10. Eczema
13. Clotting disorders	11. Gastro-oesophageal Reflux Disease
14. Cystic fibrosis	12. Generalised Anxiety Disorder
15. Deep vein thrombosis	13. Gout/Hyperuricaemia
16. Dermatitis – other	14. Migraine
17. Endocarditis	15. Motor Neuron Disease
18. Gastro-oesophageal reflux disease (GORD)	16. Myasthenia Gravis
19. Gout	17. Obsessive Compulsive Disorder
20. LBS/diverticular disease	18. Osteoarthritis
21. Major depression	19. Osteopenia
22. Meniere's disease	20. Osteoporosis
23. Menopause	21. Paget's Disease
24. Migraine	22. Panic Disorder
25. Motor neuron disease	23. Polyarteritis Nodosa
26. Muscular dystrophy and other inherited myopathies	24. Post Traumatic Stress Disorder
27. Narcolepsy	25. Psoriasis
28. Neuropathies (mono and poly)	26. Pulmonary Interstitial Fibrosis
29. Obsessive compulsive disorder	27. Sjogren's Syndrome
30. Osteoarthritis	28. Systemic Sclerosis
31. Osteoporosis	29. Urinary Incontinence
32. Paget's disease	30. Urticaria
33. Pancreatic disease	31. Venous Thrombotic Disorders
34. Plegia – hemi, para, quad	32. Wegener's Granulomatosis
35. Parathyroid disorders	
36. Peptic ulcer	
37. Pituitary gland disorders	
38. Peripheral vascular disease	
39. Polycystic ovarian syndrome	
40. Post-traumatic stress disorder	
41. Prolactinoma	
42. Psoriasis	
43. Restless leg syndrome	
44. Schizoaffective disorders	
45. Scleroderma	
46. Stroke	
47. Thyrotoxicosis (hyperthyroidism)	
48. Tourette's syndrome	
49. Trigeminal neuralgia	
50. Tuberculosis	
51. Urinary incontinence	
52. Valvular heart disease	
53. Vascular dementia	

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.