










Be Smart. **Keep it Simple.**





BENEFITS BROCHURE 2018
GOLD



KeyHealth
MEDICAL SCHEME

GOLD OPTION

| | MAJOR MEDICAL BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY | | | |
|--|--|--------|----------|--|--|--|--|
|  | HOSPITALISATION | | | Unlimited. Pre-authorisation compulsory. | | | |
| | Varicose vein surgery, facet joint injections, hysterectomy, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement. | | | Unlimited. 100% of Agreed Tariff. | | | |
| | Private hospitals | | | Unlimited. 100% of Agreed Tariff, subject to use of DSP hospital (Netcare or Life Healthcare). (30% co-payment at non-DSP hospital.) | | | |
| | State hospitals | | | Unlimited. 100% of Agreed Tariff. | | | |
| | Specialist and anaesthetist services | 100% | | Unlimited, subject to use of DSP provider. | | | |
| | Medicine on discharge | 100% | R475 | Per admission. | | | |
| | Maternity | 100% | | Private ward for 3 days for natural birth. | | | |
| MAJOR MEDICAL OCCURRENCES | | | | | | | |
|  | SUB-ACUTE FACILITIES & WOUND CARE | | | | | | |
| | Hospice, private nursing, rehabilitation, step-down facilities and wound care.. | 100% | R36 100 | Pre-authorisation compulsory and subject to Case Management and Scheme Protocols. Pfpa. Wound care is included in this benefit up to an amount of R11 900. Combined in- and out-of-hospital benefit. | | | |
|  | TRANSPLANTS (Solid organs, tissue and corneas) | | | | | | |
| | Hospitalisation, harvesting and drugs for immuno-suppressive therapy. | 100% | | Pre-authorisation compulsory and subject to Case Management. PMB entitlement in DSP hospitals only. | | | |
|  | DIALYSIS | | | | | | |
| | | 100% | | Pre-authorisation compulsory and subject to Case Management and Scheme Protocols. PMB entitlement only. | | | |
|  | ONCOLOGY | | | | | | |
| | | 100% | R358 000 | Pfpa. Pre-authorisation compulsory and subject to case management and Scheme Protocols. | | | |
|  | RADIOLOGY | | | | | | |
| | | 100% | | Pre-authorisation: specialised radiology, including MRI, CT and PET scans. Hospitalisation not covered if radiology is for investigative purposes only. (MSA / day-to-day benefits will then apply.) | | | |
| | MRI and CT scans | | R14 700 | Pfpa. R1 480 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs. | | | |
| | X-rays | | | Unlimited. | | | |
| | | | | PET scans | | | 2 scans pbpa. Maximum of R16 300 per scan. |
|  | PATHOLOGY | | | | | | |
| | | 100% | | Unlimited. | | | |

| | OUT-OF-HOSPITAL BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|--|--|--------|---------|--|
| DAY-TO-DAY BENEFITS | | | | |
|  | ROUTINE MEDICAL EXPENSES | | | |
| | General practitioner and specialist consultations, radiology (incl. Nucleur Medicine Study and bone density scans). Prescribed and over-the-counter medicine. Optical and auxiliary services, e.g. physiotherapy, occupational therapy, contraceptive pills and biokinetics. | 100% | | Annual Medical Savings Account (MSA): PM: R5 412 p.a. AD: R3 660 p.a. CD: R1 056 p.a. |
| | (This is a family benefit which means that one member of the family can use the total benefit allocation.) | | | Additional day-to-day benefits: PM: R4 440 p.a. AD: R3 310 p.a. CD: R1 060 p.a. |
| | Over-the-counter medicine | 100% | R1 810 | Pfpa sublimit. Subject to MSA / day-to-day benefit. |
| | Over-the-counter reading glasses | | R160 | Pbpa. 1 pair per year. Subject to the over-the-counter medicine sublimit. |
|  | PATHOLOGY | | | |
| | | 70% | | Subject to MSA / day-to-day benefit. (Co-payment payable directly to the relevant service provider.) |
|  | OPTICAL SERVICES | | | |
| | | 100% | R2 790 | Pbp2a total optical benefit. Subject to MSA / day-to-day benefit and Optical Management. Benefit confirmation compulsory. |
| | Frames | | R880 | Per frame, 1 frame pbp2a. Subject to overall optical benefit. |
| | Lenses | | | 1 pair pbp2a. Subject to overall optical benefit. |
| | Eye test | | | 1 test pbp2a. Subject to overall optical benefit. |
| | Contact lenses | | R1 330 | Pbpa. Subject to overall optical benefit. |
| | Refractive surgery | | | Pre-authorisation compulsory. Subject to overall optical benefit. |
|  | DENTISTRY | | | |
| | CONSERVATIVE DENTISTRY | | | DENIS protocols, Scheme Rules and Managed Care interventions apply. Exclusions apply in accordance with Scheme Rules. |
| | Consultations | 100% | | 2 check-ups pbpa. |
| | X-rays: Intra-oral | 100% | | |
| | X-rays: Extra-oral | 100% | | 1 pbp3a. (Additional benefit may be granted where specialised dental treatment planning / follow-up is required.) |
| | Oral hygiene | 100% | | 2 scale and polish treatments pbpa. |
| | Fillings | 100% | | Re-treatment of a tooth subject to clinical protocols. |
| | Tooth extractions and root canal treatment | 100% | | Root canal therapy on primary (milk) teeth, wisdom teeth (3 rd molars), as well as direct/indirect pulp capping procedures, are excluded. |
| | Plastic dentures | 100% | | 1 set (upper and lower jaw) pbp4a. DENIS pre-authorisation compulsory. |

| DENTISTRY | | | |
|---|------|--|--|
| SPECIALISED DENTISTRY | | | DENIS protocols, Scheme Rules and Managed Care interventions apply. Exclusions apply in accordance with Scheme Rules. |
| Partial metal frame dentures | 80% | | DENIS pre-authorisation compulsory. 1 partial metal frame (upper and lower jaw) pbb5a. |
| Crowns and bridges | 80% | | DENIS pre-authorisation compulsory. A treatment plan and X-rays may be requested. 1 per tooth pbb5a. |
| Implants | 80% | | No benefit. Subject to MSA. |
| Orthodontics | 80% | | DENIS pre-authorisation compulsory. Cases will be clinically assessed using orthodontic indices where function is impaired. Not for cosmetic reasons; laboratory costs also excluded. Only 1 beneficiary per family may commence treatment per calendar year. Limited to beneficiaries between 9 and 18 years. |
| Periodontics | 80% | | DENIS pre-authorisation compulsory. Limited to conservative, non-surgical therapy (root planing) only and will be applied to beneficiaries registered on the Perio Programme. |
| Maxillo-facial and oral surgery | | | DENIS protocols, Scheme Rules and Managed Care interventions apply. Exclusions apply in accordance with Scheme Rules. |
| Surgery in dental chair | 100% | | DENIS pre-authorisation not required. Temporomandibular Joint (TMJ) therapy limited to non-surgical intervention/ treatment. Claims for oral pathology procedures (cysts, biopsies and tumour removals) only covered if supported by a laboratory report confirming diagnosis. |
| Surgery in-hospital (general anaesthesia) | | | DENIS pre-authorisation compulsory. (See Hospitalisation below.) |
| Hospitalisation and anaesthetics | | | DENIS protocols, Scheme Rules and Managed Care interventions apply. Exclusions apply in accordance with Scheme Rules. |
| Hospitalisation (general anaesthesia) | 100% | | R1 480 co-payment per hospital admission. DENIS pre-authorisation compulsory. Extensive dental treatment for very young Child Dependents. Removal of impacted wisdom teeth. |
| Laughing gas in dental rooms | 100% | | DENIS pre-authorisation not required. |
| IV conscious sedation in dental rooms | 100% | | DENIS pre-authorisation compulsory. Limited to extensive dental treatment. |

PAY ALL DENTAL CO-PAYMENTS DIRECTLY TO THE RELEVANT SERVICE PROVIDER

| CHRONIC BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---------------------------|---------------|----------------|--|
| CHRONIC MEDICATION | | | |
| Category A (CDL) | 100% | | Unlimited – subject to reference pricing and protocols. Registration on Chronic Disease Programme compulsory. (15% co-payment applicable when using a non-DSP pharmacy.) |
| Category B (other) | | | No benefit. |

| SUPPLEMENTARY BENEFITS | MST(≤) | BENEFIT | EXPLANATORY NOTES / BENEFIT SUMMARY |
|---|---------------|----------------|---|
| PSYCHIATRIC TREATMENT | 100% | R36 100 | Pre-authorisation compulsory and subject to Case Management. Pfpca. Combined benefit; in- and out-of-hospital. Out-of-hospital treatment is limited to R14 700. |
| BLOOD TRANSFUSION | 100% | | Unlimited. Pre-authorisation compulsory. |
| PROSTHETICS / PROsthESIS (Internal, external, fixation devices and implanted devices) | 100% | R41 800 | Pfpa, combined benefit. Pre-authorisation compulsory and subject to Case Management, reference pricing, DSP and Scheme Protocols. |
| HIV/AIDS | 100% | | Unlimited. Chronic Disease Management programme applicable. |
| AMBULANCE SERVICES | 100% | | DSP - NETCARE 911. Unlimited, subject to use of DSP and protocols. (40% co-payment at non-DSP service provider.) |
| MEDICAL APPLIANCES | | | |
| Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices). | 100% | R8 100 | Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required. |
| Oxygen/nebulizer/glucometer | | | Pre-authorisation compulsory and subject to protocols. |
| Hearing aids | 100% | R14 300 | No authorisation required. Pfp5a. Subject to reference pricing and use of DSP. Maximum of R7 100 per ear. |
| Hearing aids and maintenance (batteries included) | 100% | R890 | Pbpa. |
| ENDOSCOPIC PROCEDURES (SCOPES) | | | |
| Colonoscopy and/or gastroscopy | | | Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions. |
| All other endoscopic procedures | | | No co-payment. |

| MONTHLY CONTRIBUTION | | | |
|-----------------------------------|-------------------------|------------------------|------------------------|
| | Principal member | Adult dependant | Child dependant |
| Monthly contribution | R4 065 | R2 749 | R797 |
| Monthly savings | R451 | R305 | R88 |
| Total monthly contribution | R4 516 | R3 054 | R885 |

HEALTH BOOSTER

The Health Booster provides additional benefits to Members at no extra cost. It is aimed at preventive treatment and therefore also gives access to free screening tests.

Only those benefits stated in the Benefit Structure under Health Booster will be paid by the Scheme, up to a maximum rand value which is determined according to specific tariff codes.

QUALIFICATION:

Members qualify automatically for Health Booster benefits according to the set criteria.

- However, pre-authorisation is required in order to access the Maternity benefits on Health Booster. Contact the Client Service Centre on **0860 671 050** to obtain authorisation. (Failing to do this will result in the service costs being deducted from day-to-day benefits.)
- Verify the tariff code or maximum rand value with the Call Centre consultant.
- Inform the service provider involved accordingly.

SCREENING TESTS:

One of the benefits available on the Health Booster programme is the Health Assessment. This assessment comprises the following screening tests:

- Body Mass Index (BMI)
- Blood sugar (finger prick test)
- Cholesterol (finger prick test)
- Blood pressure (systolic and diastolic)
- Prostate Phlebotomy for PSA test

Principal members and their Adult dependants will be entitled to one Health Assessment per calendar year and must have the screening tests done at a KeyHealth DSP pharmacy.

A Health Assessment (HA) form can be obtained at any KeyHealth DSP pharmacy or downloaded from www.keyhealthmedical.co.za.

No authorisation is required for these screening tests.

Results can be submitted by either the Member or the service provider and must be faxed to **0860 111 390**.

| TYPE OF TEST | WHO & HOW OFTEN |
|---|--|
| PREVENTIVE CARE | |
| Baby immunisation | Child dependants aged ≤6 – as required by the Department of Health. |
| Flu vaccination | All beneficiaries. |
| Tetanus diphtheria injection | All beneficiaries – as and when required. |
| Pneumococcal vaccination | All beneficiaries. |
| Malaria medication | All beneficiaries – R340 once per year. |
| HPV vaccination | Female beneficiaries aged ≤9-14 – 2 doses per lifetime. |
| EARLY DETECTION TESTS | |
| Pap smear (Pathologist) | Female beneficiaries aged ≥15 – once per year. |
| Pap smear (including consultation and pelvic organs ultrasound; GP or Gynaecologist) | Female beneficiaries aged ≥15 – once per year. |
| Mammogram | Female beneficiaries aged ≥40 – once per year. |
| Prostate specific antigen (PSA) (Pathologist) | Male beneficiaries aged ≥40 – once per year. |
| HIV/AIDS test (Pathologist) | Beneficiaries aged ≥15 – once per year. |
| Health Assessment (HA): Body mass index, Blood pressure measurement, Cholesterol test (finger prick), Blood sugar test (finger prick) PSA (finger prick) | Adult beneficiaries – once per year. |
| WEIGHT LOSS | |
| Weight Loss Programme | For all beneficiaries when the Health Assessment BMI is ≥ 30: <ul style="list-style-type: none"> • 3 x dietician consultations (one per week). • 3 x additional dietician consultations (one per week, provided that a weight loss chart was received from dietician proving weight loss after first three weeks). • One biokineticist consultation (to create a home exercise programme for the member). • 1 x follow-up consultation with biokineticist. |
| MATERNITY* | |
| Antenatal visits (GP, Gynaecologist or midwife) & urine test (dipstick)# | Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits. |
| Ultrasounds (GP or Gynaecologist) – one before the 24th week and one thereafter# | Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 2 pregnancy scans. |
| Short payments/co-payments for services rendered in (#) above and birthing fees | Covered to the value of R1 060 per pregnancy. |
| Paediatrician visits | Baby registered on Scheme. 2 visits in baby's 1st year. |
| Ante-natal vitamins | Covered to the value of R1 790 per pregnancy. |
| Ante-natal classes | Covered to the value of R1 790 for first pregnancy. |

*Pre-authorisation essential to access benefits

GLOSSARY

| | |
|------------------------------------|---|
| Agreed Tariff | A tariff agreed to from time to time between the Scheme and service providers, e.g. hospital groups. |
| Chronic Disease List (CDL) | A list of chronic illness conditions that are covered in terms of legislation. |
| Day-to-day benefit | A combined out-of-hospital limit which may be used by any beneficiary in respect of general practitioners, specialists, radiology, optical, pathology, prescribed medicine and auxiliary services, and which may include a sub-limit for self-medication. |
| DENIS (Dental Information Systems) | A service provider contracted by the Scheme to manage dental benefits on behalf of the Scheme according to protocols. |
| Designated Service Provider (DSP) | A provider that renders healthcare services to members at an agreed tariff and has to be used to qualify for certain benefits. |
| Emergency | An emergency medical condition means the sudden and unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death. |
| Health Booster | An additional benefit for preventive health care. |
| Medical Scheme Tariff (MST) | Also referred to as KeyHealth tariff. A set of tariffs the Scheme pays for services rendered by service providers. |
| Optical Management | A cost and quality Optical Management programme provided by Opticlear. |
| Phlebotomy | The process of making an incision in a vein when collecting blood. |
| Physical Trauma | A severe bodily injury due to violence or an accident, e.g. gunshot, knife wound, fracture or motor vehicle accident. Serious and life-threatening physical injury, potentially resulting in secondary complications such as shock, respiratory failure and death. This includes penetrating, perforating and blunt force trauma. |
| OTC | Over-the-counter (medicine or glasses) |
| MSA | Medical Savings Account |
| Medicine on discharge | Medicine given to members upon discharge from a hospital. Does not include medicine obtained from a script received upon discharge. |
| pbpa | per beneficiary per annum (per year) |
| pbp2a | per beneficiary biennially [every 2 (second) year(s)] |
| pfpa | per family per annum (per year) |
| pfp2a | per family biennially [every 2 (second) year(s)] |
| 2pfpa | 2 per family per annum (per year) |