



Be Smart. Keep it Simple.

BENEFITS BROCHURES 2022



KeyHealth
MEDICAL SCHEME



Be Smart. **Keep it Simple.**

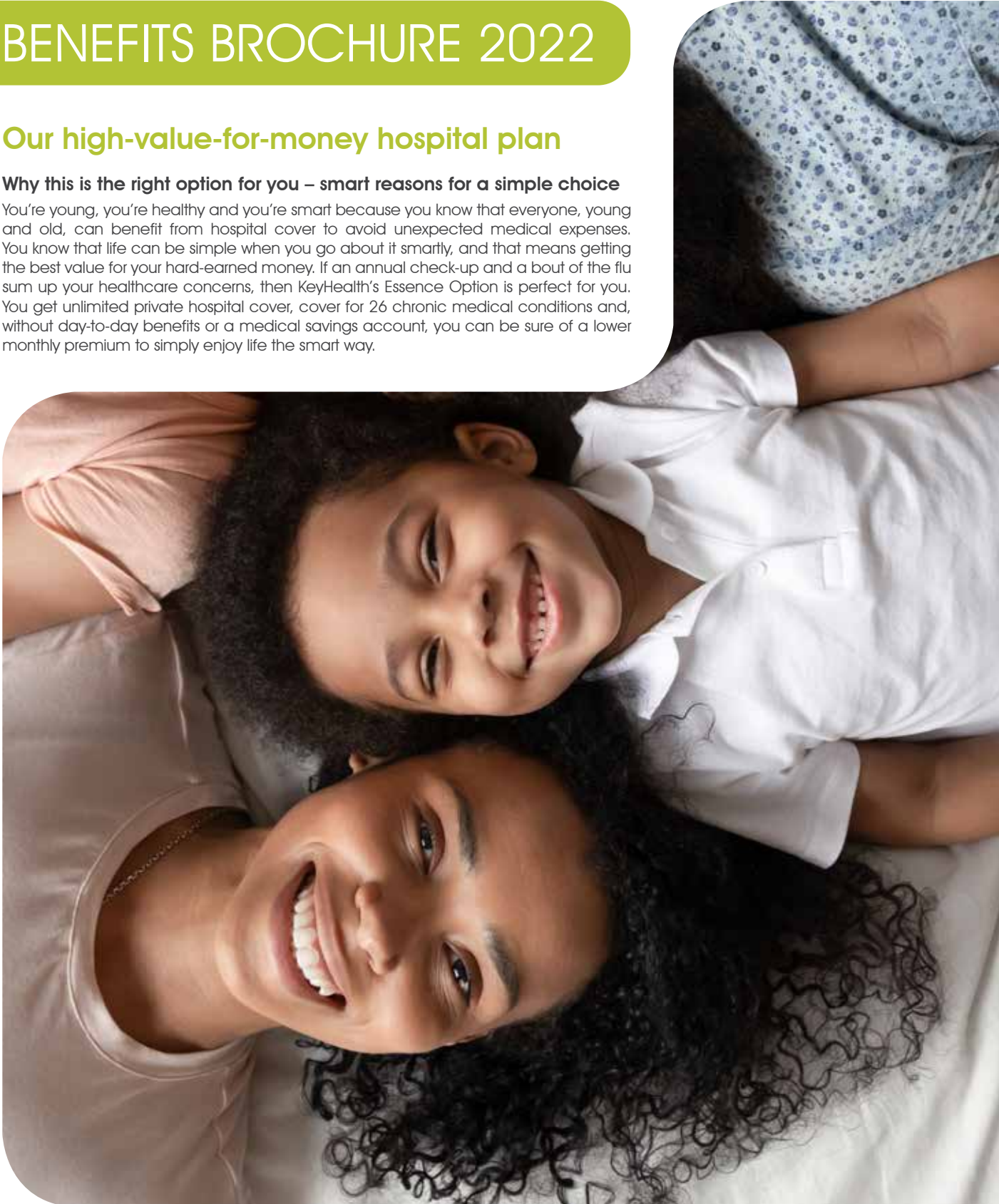
ESSENCE

BENEFITS BROCHURE 2022









Our high-value-for-money hospital plan





Why this is the right option for you – smart reasons for a simple choice

You're young, you're healthy and you're smart because you know that everyone, young and old, can benefit from hospital cover to avoid unexpected medical expenses. You know that life can be simple when you go about it smartly, and that means getting the best value for your hard-earned money. If an annual check-up and a bout of the flu sum up your healthcare concerns, then KeyHealth's Essence Option is perfect for you. You get unlimited private hospital cover, cover for 26 chronic medical conditions and, without day-to-day benefits or a medical savings account, you can be sure of a lower monthly premium to simply enjoy life the smart way.



ESSENCE OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	HOSPITALISATION			Pre-authorisation compulsory.
	Varicose vein surgery, facet joint injections, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement			PMB entitlement only. Hysterectomies will be covered at 100% of agreed tariff.
	Private hospitals			Unlimited, up to 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (30% co-payment at non-DSP hospital)
	State hospitals			Unlimited, up to 100% of agreed tariff.
	Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP.
	Medication on discharge	100%	R575	Per admission.
MAJOR MEDICAL OCCURRENCES				
	SUB-ACUTE FACILITIES & WOUND CARE	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	Hospice, private nursing, rehabilitation, step-down facilities and wound care			
	TRANSPLANTS (Solid organs, tissue and corneas)	100%		Pre-authorisation compulsory and subject to case management. PMB entitlement in DSP hospitals only.
	Hospitalisation, harvesting and drugs for immuno-suppressive therapy			
	DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	ONCOLOGY	100%	R169 000	Pfpa. Pre-authorisation compulsory and subject to case management, Scheme protocols and the use of DSP.
	PALLIATIVE CARE	100%		In lieu of hospital admission. Pre-authorisation compulsory and subject to case management and Scheme protocols.
	RADIOLOGY	100%		Pre-authorisation compulsory for specialised radiology, including MRI and CT scans. Hospitalisation not covered if radiology is for investigative purposes only.
	MRI and CT scans		R17 800	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			No benefit.
	PATHOLOGY	100%		Unlimited.

	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS				
	ROUTINE MEDICAL EXPENSES	At cost	Unlimited	PMB entitlement only.
	General practitioner and specialist consultations (virtual consultations), radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medication, optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics			
	Over-the-counter medication			No benefit.
	Over-the-counter reading glasses			No benefit.
	PATHOLOGY			No benefit. Except for PMB conditions.
	OPTICAL SERVICES			
	Frames			No benefit.
	Lenses			No benefit.
	Eye test			No benefit.
	Contact lenses			No benefit.
	Refractive surgery			No benefit.
	DENTISTRY			
	CONSERVATIVE DENTISTRY			No benefit. (Refer to Health Booster)
	Consultations			No benefit.
	X-rays: Intra-oral			No benefit.
	X-rays: Extra-oral			No benefit.
	Preventative care			No benefit.
	Fillings			No benefit.
	Tooth extractions and root canal treatment			No benefit.
Plastic and metal frame dentures			No benefit.	

ESSENCE OPTION

DENTISTRY			
SPECIALISED DENTISTRY			
Maxillo-facial and oral surgery			
Surgery in dental chair			No benefit.
Surgery in-hospital (general anaesthesia)			No benefit.
Hospitalisation and anaesthetics			
Hospitalisation (general anaesthesia)			No benefit.
Inhalation sedation in dental rooms			No benefit.
Moderate / deep sedation in dental rooms			No benefit.

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.
Category B (other)			No benefit.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT	100%	R21 500	Pfpa. In-hospital services. Pre-authorisation compulsory and subject to case management.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS / PROSTHESIS (Internal, external, fixation devices and implanted devices)	100%		Subject to pre-authorisation and Scheme protocols. PMB entitlement only.
DOCUMENT BASED CARE (DBC) (Back and neck)	100%		Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities. PMB entitlement only.
HIV / AIDS	100%		Unlimited. Chronic Disease Programme managed by LifeSense.
AMBULANCE SERVICES	100%		For emergency transport contact 082 911. Unlimited, subject to protocols.
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R7 900	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory and subject to protocols.
Hearing aids and maintenance (batteries included)			No benefit.
ENDOSCOPIC PROCEDURES (SCOPES)			
Colonoscopy and / or gastroscopy	100%		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			Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R1 697	R1 360	R612



Be Smart. **Keep it Simple.**

ORIGIN

BENEFITS BROCHURE 2022








Our entry-level, traditional comprehensive cover option




Why this is the right option for you – smart reasons for a simple choice


You're sensible and clever with your money, and you know that comprehensive medical cover is not only possible but also affordable. Whether you're enjoying the single life, planning a family or already raising one, you're looking for cover that will meet your own, and your family's, in- and out-of-hospital needs. KeyHealth's Origin Option offers unlimited private hospital cover, limited day-to-day benefits and cover for 26 chronic medical conditions. It's the perfect place to start enjoying a simple medical aid journey, the smart way.












ORIGIN OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
H	HOSPITALISATION			Pre-authorisation compulsory.
	Varicose vein surgery, facet joint injections, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement			PMB entitlement only. Hysterectomies will be covered at 100% of agreed tariff.
	Private hospitals			Unlimited, up to 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (30% co-payment at non-DSP hospital)
	State hospitals			Unlimited, up to 100% of agreed tariff.
	Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP.
	Medication on discharge	100%	R575	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%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	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%	R169 000	Pfpa. Pre-authorisation compulsory and subject to case management, Scheme protocols and use of DSP.
	PALLIATIVE CARE	100%		In lieu of hospital admission. Pre-authorisation compulsory and subject to case management and Scheme protocols.
	RADIOLOGY	100%		Pre-authorisation compulsory for specialised radiology, including MRI and CT scans. Hospitalisation not covered if radiology is for investigative purposes only. (Day-to-day benefits will then apply)
	MRI and CT scans		R17 800	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			No benefit.
	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 (virtual consultations), radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medicine, optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics (This is a family benefit, which means that one member of the family can use the total benefit allocation)	100%		Principal Member: R2 815 pa Adult Dependant: R1 640 pa Child Dependant: R865 pa
	Over-the-counter medicine	100%		Subject to day-to-day benefit.
	Over-the-counter reading glasses		R120	Pbpa. 1 pair per year. Subject to day-to-day benefit.
	PATHOLOGY	100%		Subject to day-to-day benefit.
	OPTICAL SERVICES	100%		Subject to day-to-day benefit.
	Frames			Subject to day-to-day benefit.
	Lenses			Subject to day-to-day benefit.
	Eye test			Subject to day-to-day benefit.
	Contact lenses			Subject to day-to-day benefit.
	Refractive surgery			No benefit.
	DENTISTRY			
	CONSERVATIVE DENTISTRY			Subject to day-to-day benefit. Scheme rules and protocols apply.
	Consultations	100%		1 check-up pbpa. 3 specific (emergency) consultations pbpa.
	X-rays: Intra-oral	100%		4 intra-oral radiographs pbpa.
	X-rays: Extra-oral	100%		1 pbp3a.
Preventative care	100%		1 scale and polish treatment pbpa.	

DENTISTRY			
	Fillings	100%	1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. Re-treatment of a tooth subject to clinical protocols.
	Tooth extractions	100%	Subject to day-to-day benefit.
	Plastic dentures		No benefit.
SPECIALISED DENTISTRY			
	Maxillo-facial and oral surgery		DENIS protocols and Scheme rules apply.
	Surgery in dental chair		DENIS pre-authorisation compulsory. Removal of impacted teeth only.
	Surgery in-hospital (general anaesthesia)		DENIS pre-authorisation compulsory. Removal of impacted teeth only.
	Hospitalisation and anaesthetics		DENIS protocols and Scheme rules apply.
	Hospitalisation (general anaesthesia)		DENIS pre-authorisation compulsory. Removal of impacted teeth only.
	Inhalation sedation in dental rooms		DENIS pre-authorisation required. Removal of impacted teeth only.
	Moderate/deep sedation in dental rooms		DENIS pre-authorisation compulsory. Removal of impacted teeth only.

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.
	Category B (other)		No benefit.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	PSYCHIATRIC TREATMENT	100%	R21 500 Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement.
	BLOOD TRANSFUSION	100%	Unlimited. Pre-authorisation compulsory.
	PROSTHETICS / PROSTHESIS (Internal, external, fixation devices and implanted devices)	100%	Subject to pre-authorisation and Scheme protocols. PMB entitlement only.
	DOCUMENT BASED CARE (DBC) (Back and neck)	100%	Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities. PMB entitlement only.
	HIV / AIDS	100%	Unlimited. Chronic Disease Programme managed by LifeSense.
	AMBULANCE SERVICES	100%	For emergency transport contact 082 911. Unlimited, subject to protocols.
	MEDICAL APPLIANCES		
	Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R7 900 Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
	Oxygen / nebuliser / glucometer / blood pressure monitor		Pre-authorisation compulsory and subject to protocols.
	Hearing aids and maintenance		No benefit.
	ENDOSCOPIC PROCEDURES (SCOPES)	100%	
	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		Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION				
	Principal Member	Adult Dependant	Child Dependant	
	Monthly contribution	R1 939	R1 381	R631



Be Smart. Keep it Simple.

EQUILIBRIUM

BENEFITS BROCHURE 2022









Our new generation, hybrid comprehensive cover option






Why this is the right option for you – smart reasons for a simple choice

You understand that paying a little bit more for a lot more cover will give you peace of mind. You know how to manage and balance your income and expenses, and your medical aid cover is no exception. Whether you're single, married, planning or raising a family and looking for smart stability, KeyHealth's Equilibrium Option is the simple choice for you. Equilibrium offers unlimited private hospital cover, day-to-day benefits with a medical savings account, a separate, conservative dentistry and orthodontics benefit, and cover for 29 chronic medical conditions. Strike a simple balance with Equilibrium.



EQUILIBRIUM OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	HOSPITALISATION			Unlimited. Pre-authorisation compulsory.
	Varicose vein and reflux surgery			PMB entitlement only.
	Private hospitals			Unlimited. 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (30% co-payment at non-DSP hospital)
	State hospitals			Unlimited, up to 100% of agreed tariff.
	Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP.
	Medication on discharge	100%	R575	Per admission.
	Maternity	100%		Private ward for 3 days for natural birth.
MAJOR MEDICAL OCCURRENCES				
	SUB-ACUTE FACILITIES & WOUND CARE	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	Hospice, private nursing, rehabilitation, step-down facilities and wound care			
	TRANSPLANTS (Solid organs, tissue and corneas)	100%		Pre-authorisation compulsory and subject to case management. PMB entitlement in DSP hospitals only.
	Hospitalisation, harvesting and drugs for immuno-suppressive therapy			
	DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	ONCOLOGY	100%	R169 000	Pfpa. Pre-authorisation compulsory and subject to case management, Scheme protocols and use of DSP.
	PALLIATIVE CARE	100%		In lieu of hospital admission. 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		R17 800	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			No benefit.
	PATHOLOGY	100%		Unlimited.

	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS				
	ROUTINE MEDICAL EXPENSES	100%		Annual Medical Savings Account (MSA): Principal Member: R2 064 pa Adult Dependant: R1 272 pa Child Dependant: R636 pa Additional day-to-day benefits: Principal Member: R3 090 pa Adult Dependant: R2 125 pa Child Dependant: R945 pa
	General practitioner and specialist consultations (virtual consultations), radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medication, optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics (This is a family benefit, which means that one member of the family can use the total benefit allocation)			
	Over-the-counter medication	100%		Subject to MSA / day-to-day benefit.
	Over-the-counter reading glasses		R120	Pbpa. 1 pair per year. Subject to MSA / day-to-day benefit.
	PATHOLOGY	100%		Subject to MSA / day-to-day benefit.
	OPTICAL SERVICES	100%		Optical management applicable. Benefit confirmation compulsory.
	Frames			Subject to MSA / day-to-day benefit.
	Lenses			Subject to MSA / day-to-day benefit.
	Eye test			Subject to MSA / day-to-day benefit.
	Contact lenses			Subject to MSA / day-to-day benefit.
	Refractive surgery			No benefit. Subject to MSA.
DENTISTRY				
	CONSERVATIVE DENTISTRY			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
	Consultations	100%		1 check-up pbpa. 3 specific (emergency) consultations pbpa.
	X-rays: Intra-oral	100%		4 intra-oral radiographs pbpa.
	X-rays: Extra-oral	100%		1 pbp3a.
	Preventative care	100%		1 scale and polish treatment pbpa.
	Fillings	100%		1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. 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 (3rd molars), as well as direct / indirect pulp capping procedures, are excluded.
	Plastic dentures	100%		1 set plastic dentures (upper and lower jaw) pbp4a. DENIS pre-authorisation compulsory.

EQUILIBRIUM OPTION

DENTISTRY			
SPECIALISED DENTISTRY			
Orthodontics (non-cosmetic treatment only)	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 aged 9-18 years.
Maxillo-facial and oral surgery	100%		Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Surgery in dental chair	100%		DENIS pre-authorisation not required. Removal of impacted teeth only.
Surgery in-hospital (general anaesthesia)	100%		DENIS pre-authorisation compulsory. (See hospitalisation below)
Hospitalisation and anaesthetics			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Hospitalisation (general anaesthesia)	100%		DENIS pre-authorisation compulsory. Limited to extensive dental treatment for children <5 years, and the removal of impacted teeth.
Inhalation sedation in dental rooms	100%		DENIS pre-authorisation not required.
Moderate / deep 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.
Category B (other)	100%		Additional 3 non-PMB / CDL conditions (acne / ADHD or ADD / rhinitis) for children up to the age of 21.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT	100%	R21 500	Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS / PROsthESIS (Internal, external, fixation devices and implanted devices)	100%	R3 500	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
DOCUMENT BASED CARE (DBC) (Back and neck)			Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities.
HIV / AIDS	100%		Unlimited. Chronic Disease Programme managed by LifeSense.
AMBULANCE SERVICES	100%		For emergency transport contact 082 911. Unlimited, subject to protocols.
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R7 900	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory and subject to protocols.
Hearing aids and maintenance (batteries included)			No benefit. Subject to MSA.
ENDOSCOPIC PROCEDURES (SCOPES)			
Colonoscopy and / or gastroscopy	100%		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			Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R2 196	R1 357	R674
Monthly savings	R172	R106	R53
Total monthly contribution	R2 368	R1 463	R727

*Members only pay for a maximum of three Child Dependents



Be Smart. Keep it Simple.

SILVER

BENEFITS BROCHURE 2022








Our substantial comprehensive cover option




Why this is the right option for you – smart reasons for a simple choice

You're raising a young family and you know all about the laughter and the tears that come with it. You believe that getting the best value for your money means choosing the most competitive products and services. Life has taught you that its growing pains and many milestones often require substantial out-of-hospital benefits. KeyHealth's Silver Option offers comprehensive in- and out-of-hospital cover for you and your growing family. You get unlimited private hospital cover, day-to-day benefits, a separate, conservative dentistry and orthodontics benefit, and cover for 29 chronic medical conditions. Plus, once your day-to-day benefits have run out, you still benefit from three free doctor's visits for your children. Keep things simple, the smart way, with Silver.



SILVER 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			PMB entitlement only for varicose vein surgery and reflux surgery. The other procedures will be covered at 100% of agreed tariff.
	Private hospitals			Unlimited. 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (30% co-payment at non-DSP hospital)
	State hospitals			Unlimited, up to 100% of agreed tariff.
	Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP.
	Medication on discharge	100%	R575	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%	R32 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 R10 300. 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%	R189 500	Pfpa. Pre-authorisation compulsory and subject to case management, Scheme protocols and use of DSP.
	PALLIATIVE CARE	100%		In lieu of hospital admission. 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. Day-to-day benefits will then apply.
	MRI and CT scans		R17 800	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			No benefit.
	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 (virtual consultations), radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medication optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics (This is a family benefit, which means that one member of the family can use the total benefit allocation)	100%		Principal Member: R8 315 pa Adult Dependant: R6 045 pa Child Dependant: R1 680 pa Additional general practitioner consultations (3 pfpa) after depletion of available day-to-day benefit for Child Dependant/s up to the age of 21.
	Over-the-counter medication	100%	R1 790	Pfpa sublimit. Subject to day-to-day benefit.
	Over-the-counter reading glasses		R135	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit.
	PATHOLOGY	100%		Subject to day-to-day benefit.
	OPTICAL SERVICES	100%	R1 690	Pbp2a total optical benefit. Subject to day-to-day benefit and optical management. Benefit confirmation compulsory.
	Frames		R560	Per frame, 1 frame pbp2a. Subject to overall optical benefit.
	Lenses			1 pair single vision lenses pbp2a. Subject to overall optical benefit.
	Eye test			1 test pbp2a. Subject to overall optical benefit.
	Contact lenses		R755	Pbpa. Subject to overall optical benefit.
	Refractive surgery			No benefit.
	DENTISTRY			
	CONSERVATIVE DENTISTRY			Subject to DENIS protocols, managed care interventions and Scheme rules. 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.
	Preventative care	100%		2 scale and polish treatments pbpa.
	Fillings	100%		1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. 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 (3rd 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			
Orthodontics (non-cosmetic treatment only)	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 aged 9-18 years.
Maxillo-facial and oral surgery	100%		Subject to DENIS protocols, managed care interventions and Scheme rules. 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)	100%		DENIS pre-authorisation compulsory. (See hospitalisation below)
Hospitalisation and anaesthetics			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Hospitalisation (general anaesthesia)	100%		DENIS pre-authorisation compulsory. Extensive dental treatment for children <5 years and the removal of impacted teeth.
Inhalation sedation in dental rooms	100%		DENIS pre-authorisation not required.
Moderate / deep 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.
Category B (other)	100%		Additional 3 non-PMB / CDL conditions (acne / ADHD or ADD / rhinitis) for children up to the age of 21.

SUPPLEMENTARY BENEFITS			
	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT	100%	R21 500	Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS / PROsthESIS (Internal, external, fixation devices and implanted devices)	100%	R6 900	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
DOCUMENT BASED CARE (DBC) (Back and neck)	100%		Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities.
HIV / AIDS	100%		Unlimited. Chronic Disease Programme managed by LifeSense.
AMBULANCE SERVICES	100%		For emergency transport contact 082 911. Unlimited, subject to protocols.
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R8 200	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory and subject to protocols.
Hearing aids and maintenance (batteries included)			Subject to medical appliances benefit.
ENDOSCOPIC PROCEDURES (SCOPES)			
Colonoscopy and / or gastroscopy	100%		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			Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependand	Child Dependand
Monthly contribution	R4 084	R2 197	R852

***Members only pay for a maximum of 3 Child Dependands.**

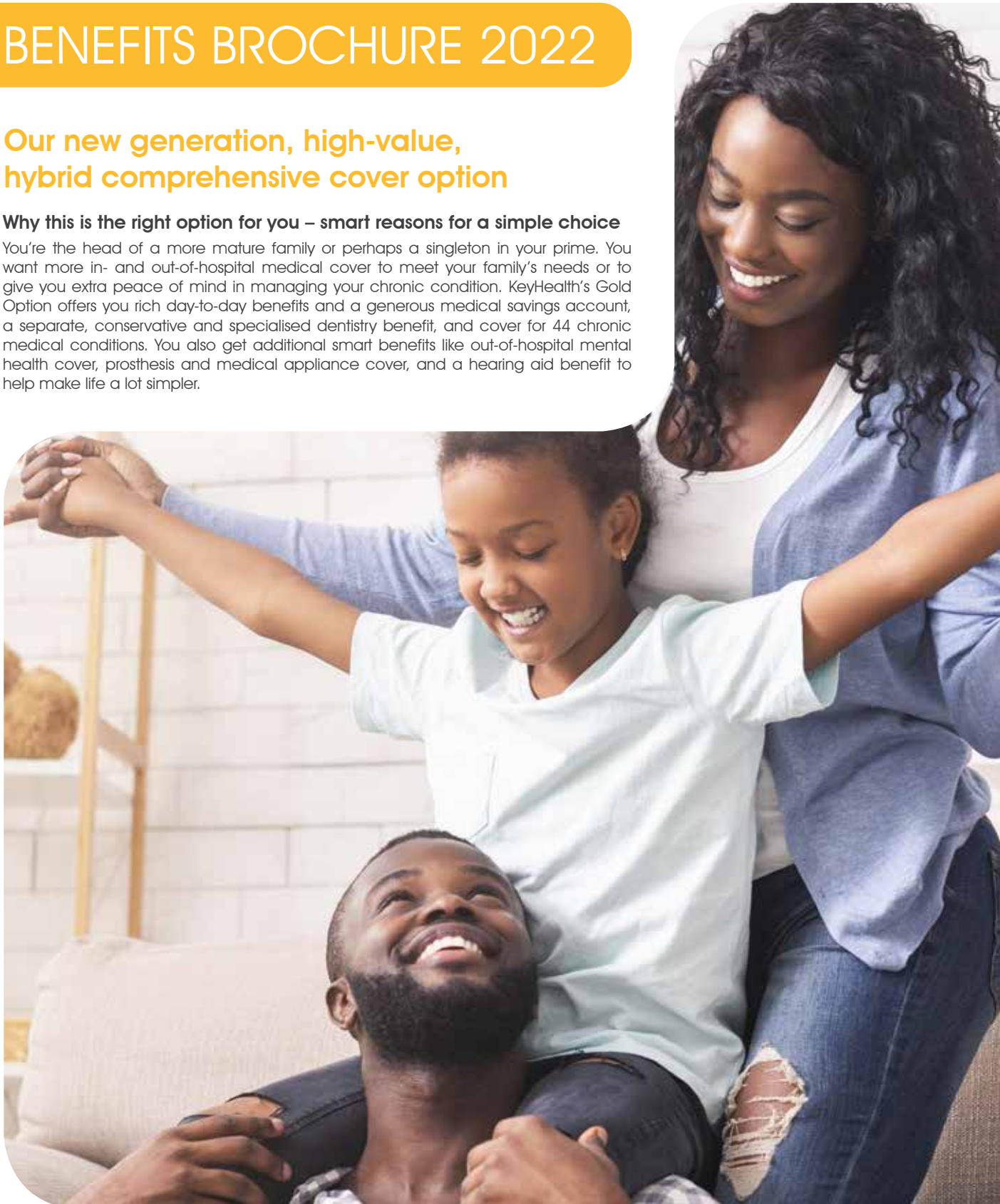
GOLD

BENEFITS BROCHURE 2022













Our new generation, high-value, hybrid comprehensive cover option

Why this is the right option for you – smart reasons for a simple choice

You're the head of a more mature family or perhaps a singleton in your prime. You want more in- and out-of-hospital medical cover to meet your family's needs or to give you extra peace of mind in managing your chronic condition. KeyHealth's Gold Option offers you rich day-to-day benefits and a generous medical savings account, a separate, conservative and specialised dentistry benefit, and cover for 44 chronic medical conditions. You also get additional smart benefits like out-of-hospital mental health cover, prosthesis and medical appliance cover, and a hearing aid benefit to help make life a lot simpler.



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, up to 100% of agreed tariff.
	Private hospitals			Unlimited. 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (30% co-payment at non-DSP hospital)
	State hospitals			Unlimited, up to 100% of agreed tariff.
	Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP.
	Medication on discharge	100%	R575	Per admission.
	Maternity	100%		Private ward for 3 days for natural birth.
MAJOR MEDICAL OCCURRENCES				
	SUB-ACUTE FACILITIES & WOUND CARE	100%	R43 600	Pre-authorisation compulsory and subject to case management and Scheme protocols. Ppfa. Wound care is included in this benefit, up to an amount of R14 300. Combined in- and out-of-hospital benefit.
	Hospice, private nursing, rehabilitation, step-down facilities and wound care			
	TRANSPLANTS (Solid organs, tissue and corneas)	100%		Pre-authorisation compulsory and subject to case management. PMB entitlement in DSP hospitals only.
	Hospitalisation, harvesting and drugs for immuno-suppressive therapy			
	DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	ONCOLOGY	100%	R433 500	Pfpa. Pre-authorisation compulsory and subject to case management, Scheme protocols and use of DSP.
	PALLIATIVE CARE	100%		In lieu of hospital admission. 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		R17 800	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			2 scans pbpa. Maximum of R25 200 per scan.
	PATHOLOGY	100%		Unlimited.
OUT-OF-HOSPITAL BENEFITS				
DAY-TO-DAY BENEFITS				
	ROUTINE MEDICAL EXPENSES	100%		Annual Medical Savings Account (MSA): Principal Member: R7 164 pa Adult Dependand: R4 848 pa Child Dependand: R1 404 pa Additional day-to-day benefits: Principal Member: R5 380 pa Adult Dependand: R4 010 pa Child Dependand: R1 290 pa
	General practitioner and specialist consultations (virtual consultations), radiology (incl. nuclear 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			
	(This is a family benefit, which means that one member of the family can use the total benefit allocation)			
	Over-the-counter medication	100%	R2 200	Pfpa sublimit. Subject to MSA / day-to-day benefit.
	Over-the-counter reading glasses		R200	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit.
	PATHOLOGY	100%		Subject to MSA / day-to-day benefit.
	OPTICAL SERVICES	100%	R3 380	Pbp2a total optical benefit. Subject to MSA / day-to-day benefit and optical management. Benefit confirmation compulsory.
	Frames		R1 070	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 600	Pbpa. Subject to overall optical benefit.
	Refractive surgery			Pre-authorisation compulsory. Subject to overall optical benefit.
	DENTISTRY			
	CONSERVATIVE DENTISTRY			Subject to DENIS protocols, managed care interventions and Scheme rules. 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 / planing / follow-up is required)
	Preventative care	100%		2 scale and polish treatments pbpa.
	Fillings	100%		1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. 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 (3rd 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.

GOLD OPTION

DENTISTRY			
SPECIALISED DENTISTRY			
Partial chrome cobalt frame dentures	80%		DENIS pre-authorization compulsory. 1 partial metal frame (upper or lower jaw) pbb5a.
Crowns and bridges	80%		DENIS pre-authorization compulsory. A treatment plan and X-rays may be requested. 1 per tooth pbb5a.
Implants			No benefit. Subject to MSA.
Orthodontics	80%		DENIS pre-authorization 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 aged 9-18 years.
Periodontics	80%		DENIS pre-authorization 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			
Surgery in dental chair	100%		DENIS pre-authorization 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-authorization compulsory. (See hospitalisation below)
Hospitalisation and anaesthetics			
Hospitalisation (general anaesthesia)	100%		Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Inhalation sedation in dental rooms	100%		DENIS pre-authorization compulsory. Extensive dental treatment for children <5 years and the removal of impacted teeth.
Moderate/deep sedation in dental rooms	100%		DENIS pre-authorization not required.
			DENIS pre-authorization 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.
Category B (other)	100%	R9 200	Subject to chronic benefit with a maximum pfpa.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT			
	100%	R43 600	Pre-authorization compulsory and subject to case management. Pfpa. Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R17 800.
BLOOD TRANSFUSION			
	100%		Unlimited. Pre-authorization compulsory.
PROSTHETICS / PROsthESIS (Internal, external, fixation devices and implanted devices)			
	100%	R50 500	Pfpa, combined benefit. Pre-authorization compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
DOCUMENT BASED CARE (DBC) (Back and neck)			
	100%		Conservative back and neck treatment in lieu of surgery. Pre-authorization compulsory and subject to case management and Scheme protocols at approved DBC facilities.
HIV / AIDS			
	100%		Unlimited. Chronic Disease Programme managed by LifeSense.
AMBULANCE SERVICES			
	100%		For emergency transport contact 082 911. Unlimited, subject to protocols.
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R9 700	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorization required.
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorization compulsory and subject to protocols.
Hearing aids	100%	R17 250	No authorisation required. Pfp5a. Subject to maximum of R8 650 per ear.
Hearing aids and maintenance (batteries included)	100%	R1 085	Pbpa.
ENDOSCOPIC PROCEDURES (SCOPES)			
Colonoscopy and / or gastroscopy	100%		Pre-authorization compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.
All other endoscopic procedures			Pre-authorization compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R5 380	R3 638	R1 056
Monthly savings	R597	R404	R117
Total monthly contribution	R5 977	R4 042	R1 173



Be Smart. **Keep it Simple.**

PLATINUM

BENEFITS BROCHURE 2022









Our top-of-the-range comprehensive cover option with extensive benefits









Why this is the right option for you – smart reasons for a simple choice

You're looking for extensive cover for your own and your more mature family's current medical needs and possible future healthcare concerns. You need the peace of mind that comes with having optimal out-of-hospital cover and extended benefits that meet multiple healthcare requirements. KeyHealth's Platinum Option offers you unlimited private hospital cover and day-to-day benefits with a threshold benefit for additional cover. You also get unlimited cover for certain benefits once you've reached the threshold zone. With Platinum, you get unlimited oncology and prosthesis benefits and cover for 55 chronic medical conditions. For competitively priced optimal cover, make the smart choice and simply ensure the best medical aid cover for you and your family.



PLATINUM OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	HOSPITALISATION			Unlimited. Pre-authorization compulsory.
	Varicose vein surgery, facet joint injections, hysterectomy, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement			Unlimited, up to 100% of agreed tariff.
	Private hospitals			Unlimited, up to 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape only). (30% co-payment at non-DSP hospital)
	State hospitals			Unlimited, up to 100% of agreed tariff.
	Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP.
	Medication on discharge	100%	R575	Per admission.
	Maternity	100%		Private ward for 3 days for natural birth.
MAJOR MEDICAL OCCURRENCES				
	SUB-ACUTE FACILITIES & WOUND CARE			Pre-authorization compulsory and subject to case management and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R18 500. Combined in- and out-of-hospital benefit.
	Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R53 500	
	TRANSPLANTS (Solid organs, tissue and corneas)			Unlimited, subject to use of DSP. Pre-authorization compulsory and subject to case management.
	Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		
	DIALYSIS			Unlimited. Pre-authorization compulsory and subject to case management and Scheme protocols.
		100%		
	ONCOLOGY			Unlimited. Pre-authorization and subject to case management, Scheme protocols and use of DSP compulsory.
		100%		
	PALLIATIVE CARE			In lieu of hospital admission. Pre-authorization compulsory and subject to case management and Scheme protocols.
		100%		
	RADIOLOGY			Pre-authorization: specialised radiology, including MRI, CT and PET scans. Hospitalisation not covered if radiology is for investigative purposes only. (Day-to-day benefits will then apply)
	MRI and CT scans		R26 700	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			2 scans pbpa. Maximum of R25 200 per scan.
		100%		
	PATHOLOGY			Unlimited.
		100%		

	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS				
	ROUTINE MEDICAL EXPENSES			Principal Member: R11 685 pa Adult Dependant: R11 335 pa Child Dependant: R2 770 pa
	General practitioner and specialist consultations (virtual consultations), radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medication, optical and auxiliary services, e.g. physiotherapy, occupational therapy, contraceptive pills and biokinetics	100%		
	(This is a family benefit, which means that one member of the family can use the total benefit allocation)			
	Self-funding gap (SFG)			Member is responsible for payment of all day-to-day expenses, up to the value of: PM – R4 090, AD – R3 640, CD – R1 345. Expenses paid by member will accrue to the SFG at MST rates. (Once the SFG has been bridged, member will enter the threshold zone)
	Threshold zone			Further unlimited routine benefits, excluding physiotherapy, pathology and prescribed medication. The following benefits will be limited: • Prescribed medication PM – R9 640, AD – R4 360, CD – R2 150 • Physiotherapy R15 250 pfpa • Pathology R15 250 pfpa
		100%		
	Over-the-counter medication		R3 280	Pfpa sublimit. Subject to day-to-day and threshold zone.
		100%		
	Over-the-counter reading glasses		R225	Pbpa. 1 pair per year. Subject to over-the-counter medication sublimit.
	PATHOLOGY			Pfpa. Subject to day-to-day and threshold zone.
		100%		
	OPTICAL SERVICES		R5 650	Pbp2a total optical benefit. Subject to day-to-day benefit, threshold zone and optical management. Benefit confirmation compulsory.
	Frames		R1 690	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		R2 620	Pbpa. Subject to overall optical benefit.
	Refractive surgery		R11 450	Pbp2a. Pre-authorization compulsory.
		100%		
DENTISTRY				
	CONSERVATIVE DENTISTRY			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
	Consultations	100%		2 check-ups pbpa.

DENTISTRY				
X-rays: Intra-oral	100%			
X-rays: Extra-oral	100%			1 pbp3a. (Additional benefit may be granted where specialised dental treatment / planing / follow-up is required)
Preventative care	100%			2 scale and polish treatments pbpa.
Fillings	100%			1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. 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 (3rd 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.
SPECIALISED DENTISTRY				
Partial chrome cobalt frame dentures	80%			2 frames (upper and lower jaw) pbp5a. DENIS pre-authorisation compulsory.
Crowns and bridges	80%			DENIS pre-authorisation compulsory. 1 per tooth pbp5a.
Implants	80%	R4 700		Pbpa limitation on cost. DENIS pre-authorisation compulsory.
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 aged 9-18 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				
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)	100%			DENIS pre-authorisation compulsory. (See hospitalisation below)
Hospitalisation and anaesthetics				
Hospitalisation (general anaesthesia)	100%			DENIS protocols and Scheme rules apply.
Inhalation sedation in dental rooms	100%			DENIS pre-authorisation compulsory. Extensive dental treatment for children <5 years and the removal of impacted teeth.
Moderate / deep sedation in dental rooms	100%			DENIS pre-authorisation not required.
				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.
Category B (other)	100%	R20 500	Pbpa. Subject to chronic benefit to a maximum of R41 900 pfpa.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT	100%	R60 200	Pre-authorisation compulsory. Pfpa. Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R25 100.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS/PROSTHESIS (Internal, external, fixation devices and implanted devices)	100%		Unlimited. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
DOCUMENT BASED CARE (DBC) (Back and neck)	100%		Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities.
HIV / AIDS	100%		Unlimited. Chronic Disease Programme managed by LifeSense.
AMBULANCE SERVICES	100%		For emergency transport contact 082 911. Unlimited, subject to protocols.
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R12 450	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Insulin pump / oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory and subject to protocols.
Hearing aids	100%	R37 700	No authorisation required. Pfp5a. Subject to maximum of R18 700 per ear.
Hearing aids and maintenance (batteries included)	100%	R1 435	Pbpa.
ENDOSCOPIC PROCEDURES (SCOPES)			
Colonoscopy and / or gastroscopy	100%		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			Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependand	Child Dependand
Monthly contribution	R9 624	R6 747	R2 031

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-authorization is required in order to access the maternity benefits and weight loss benefits on Health Booster. Contact the Pre-authorization Department on **0860 671 060** 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 (HA). 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 beneficiaries will be entitled to one Health Assessment (HA) per calendar year and can have this done at any pharmacy.

A Health Assessment (HA) form can be obtained at any 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 can be faxed to **0860 111 390** or emailed to disease.management@keyhealthmedical.co.za.

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.
COVID-19 vaccination	All beneficiaries.
Tetanus diphtheria injection	All beneficiaries – as and when required.
Pneumococcal vaccination (Prevenar not included)	All beneficiaries.
Malaria medication	All beneficiaries – R415 once per year.
HPV vaccination	Female beneficiaries aged 9-14 years – 2 doses per lifetime.
Baby growth assessments	3 baby growth assessments at a pharmacy / baby clinic for beneficiaries aged ≥35 months – per year.
Contraceptive medication - tablets / patches	Female beneficiaries aged ≥16 – R164 every 20 days (Silver, Equilibrium, Origin and Essence options only)
Contraceptive medication - injectables	Female beneficiaries aged ≥16 – R492 every 72 days (Silver, Equilibrium, Origin and Essence options only)
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)	All beneficiaries – once per year.
HA: Body mass index (BMI), blood pressure measurement, cholesterol test (finger prick), blood sugar test (finger prick), PSA (finger prick)	All beneficiaries – once per year.
Dental consultation	All beneficiaries – once per year. (only available on Essence option).
WEIGHT LOSS (Pre-authorization essential to access benefits)	
Weight Loss Programme	All beneficiaries with HA BMI ≥30: <ul style="list-style-type: none"> • 3 x dietician consultations (1 per week). • 3 x additional dietician consultations (1 per week, provided that a weight loss chart was received from dietician proving weight loss after first 3 weeks). • 1 biokineticist consultation (to create a home exercise programme for the member). • 1 x follow-up consultation with biokineticist.
MATERNITY (Pre-authorization essential to access benefits)	
Ante-natal visits (GP, gynaecologist or midwife) and urine test (dipstick)#	Female beneficiaries. Pre-notification of and pre-authorization 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-authorization by the Scheme compulsory. 2 pregnancy scans.
Short payments / co-payments for services rendered (#above) and birthing fees	Covered to the value of R1 290 per pregnancy.
Paediatrician visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year.
Ante-natal vitamins	Covered to the value of R2 180 per pregnancy.
Ante-natal classes	Covered to the value of R2 180 for first pregnancy.

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 medication and auxiliary services, and which may include a sublimit 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 preventative healthcare
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 (medication or glasses)
MSA	Medical Savings Account
Medication on discharge	Medication given to members upon discharge from a hospital. Does not include medication 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)





CHOOSE EASY-ER – SO YOU DON'T GET HURT TWICE

- Easy-ER offers all KeyHealth members direct and free access to any hospital's emergency room (ER) for medical treatment in emergency situations.
- Easy-ER guarantees full payment without any hidden costs or unexpected fees.

BENEFITS OF EASY-ER

- No upfront payment required.
- Guaranteed payment of the full ER event – in case of an emergency.
- Not paid from day-to-day benefits or medical savings accounts.

WHAT QUALIFIES AS AN EASY-ER EMERGENCY?

- Car accidents
- Sport injuries
- Dental injuries (from a direct external blow to the mouth or face)
- Playground accidents

Find out if an injury or illness qualifies as an Easy-ER emergency, by calling KeyHealth's free 24-hour call centre on 080 111 0215.

UNSURE OF WHEN TO GO TO THE ER?

- Contact **Netcare 911's 24-hour Health-on-Line** service on **082 911** to speak to a registered nurse about medical advice, information and your KeyHealth Easy-ER cover.
- Visit **Netcare 911's** website **www.netcare911.co.za** for information on first aid, emergencies, childhood illnesses and baby/child safety.

DENTAL EMERGENCIES

- In a dental emergency, if a tooth is broken or knocked out, Easy-ER guarantees the payment of all dental treatment needed to restore the damaged tooth to functional use.
- In the case of such a dental emergency, the beneficiary can go directly to the dental practitioner for treatment.



IMPORTANT

- Easy-ER is available to ALL KeyHealth members.
- The Easy-ER benefit does not include pharmacy or medical appliance claims.
- Any further hospitalisation needed, after emergency medical treatment, will be covered under the normal in-hospital benefit.
- If emergency transport is needed (e.g. ambulance services), KeyHealth's emergency transport provider, **Netcare 911**, must be called on **082 911**.
- Access to emergency treatment at any hospital is guaranteed on confirmation of KeyHealth membership by a Client Service Centre agent.

SMART BABY PROGRAMME



GUIDANCE WHEN YOU NEED IT MOST

KeyHealth's Smart Baby Programme offers support and general advice on health and wellness during pregnancy and peace-of-mind for mothers- and fathers-to-be.

THE SMART BABY PROGRAMME PROVIDES

- Health Booster cover for short/co-payments for ante-natal visits (GP, gynaecologist or midwife), scans and birthing fees.
- Information about KeyHealth's maternity benefits and how to access them.
- *The New Baby and Childcare Handbook* by Marina Petropulos for first-time parents.
- Access to the KeyHealth pregnancy and childcare Facebook group for information and answers to questions about pregnancy and parenthood.
- Information about baby's first year (e.g. vaccinations, Easy-ER, etc.).
- Access to **Netcare 911's 24-hour Health-on-Line** service on **082 911** for medical advice and information from a registered nurse.

SMART BABY PROGRAMME BENEFITS

The benefits available to mothers (and babies) on the Smart Baby programme are part of KeyHealth's Health Booster and therefore free and separate from day-to-day benefits and medical savings accounts.

Ante-natal visits (GP / gynaecologist) and dipstick urine test)	12 visits, 1 of which is following baby's birth
Ultrasound (scans)	2 pregnancy ultrasounds
Paediatrician visits (once baby is a registered member)	2 visits in baby's first year
Ante-natal vitamins	R2 180 per pregnancy
Ante-natal classes	R2 180 for first pregnancy

HOW TO BENEFIT FROM THE SMART BABY PROGRAMME

- Register on the Smart Baby programme during the first trimester (first 12 weeks of the pregnancy).
- Make use of KeyHealth's Designated Service Provider (DSP) network of hospitals and specialists to avoid short payments.
- Make sure the DSP hospital and / or specialist clearly indicates the relevant diagnosis code (**ICD10 code**) on claims.
- Verify tariff codes or maximum rand values with the KeyHealth Client Service Centre on **0860 671 050**.
- **Get pre-authorisation for the delivery** after the second trimester (after week 24 of the pregnancy) by calling the Pre-authorisation Department on **0860 671 060**.
- Register baby as a KeyHealth member after birth.

HOW TO REGISTER FOR THE SMART BABY PROGRAMME

- Register using the KeyHealth mobi app which can be downloaded on Android, iOS and Huawei operating systems, or
- Complete the registration form online at www.keyhealthmedical.co.za



 Be Smart. Keep it Simple.



KeyHealth
MEDICAL SCHEME