



KeyHealth
MEDICAL SCHEME



Real value speaks for itself

2024

BENEFITS BROCHURE



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ESSENCE

**Great-value, low-cost critical cover,
just in case.**

Essence is the ideal 'just-in-case' medical cover for individuals starting out and for those who only need that crucial cover for emergencies and unexpected medical expenses.

With a low cost and unbeatable value for money, this option includes an unlimited private hospital plan and covers the basic 26 chronic medical conditions.

It's what you absolutely need when you need it most.

* Disclaimer: Benefits subject to approval by the Council for Medical Schemes (CMS) and although every precaution has been taken to ensure the accuracy of information contained in the benefit brochure, the official rules of the Scheme will prevail, should a dispute arise. The rules of KeyHealth are available on request or can be viewed at www.keyhealthmedical.co.za.

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) and joint replacement			PMB entitlement only. All other procedures will be covered at 100% of agreed tariff, subject to case management and Scheme protocols.
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, Bloemfontein and Polokwane) (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.
Prosthetics / prosthesis Internal, external, fixation devices and implanted devices	100%		PMB entitlement only. Pre-authorisation compulsory and subject to case management, reference pricing, preferred provider and Scheme protocols.
Medication on discharge	100%	R640	Per admission.
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.
PSYCHIATRIC TREATMENT	100%	R24 000	Pfpa. In-hospital services. Pre-authorisation compulsory and subject to case management. Out-of-hospital: PMB entitlement only.
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
ONCOLOGY	100%	R189 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. Hospitalisation is not covered if admission is for investigative purposes only.
MRI and CT scans		R20 000	Pfpa. Combined benefit in- or out-of-hospital.
X-rays			Unlimited.
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
ENDOSCOPIC PROCEDURES (SCOPES)	100%		
Colonoscopy and / or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.
All other endoscopic procedures			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioner, including virtual consultations and specialist consultations	At cost	Unlimited	PMB entitlement only.
PATHOLOGY			No benefit. Except for PMB conditions.
MATERNITY			
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#			Pre-authorisation compulsory. 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 (#above) and birthing fees			Covered to the value of R1 440 per pregnancy.
Antenatal vitamins			Covered to the value of R2 440 per pregnancy.
Antenatal classes			Covered to the value of R2 440 for first pregnancy.
DAY-TO-DAY BENEFITS			
Child immunisation			Child Dependents aged ≤6 – as required by the Department of Health.
Child growth assessments			3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-35 months.
Paediatrician visits			Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year.

CONSERVATIVE DENTISTRY			
Consultations			1 check-up pbpa 2 infection control / barrier techniques pbpa 1 sterilised instrumentation pbpa
X-rays: intraoral			4 intraoral radiographs pbpa – periapical or bitewing

SPECIALISED DENTISTRY			
Maxillo-facial and oral surgery			
Surgery in dental chair			DENIS protocols and Scheme rules apply.
Surgery in-hospital (general anaesthesia)			DENIS pre-authorisation compulsory. Removal of impacted teeth only.
HOSPITALISATION AND ANAESTHETICS			
Hospitalisation (general anaesthesia)			DENIS pre-authorisation compulsory. Removal of impacted teeth only. R1 890 co-payment per hospital admission (no co-payment for day hospitals).
Inhalation sedation in dental rooms			DENIS pre-authorisation compulsory. Removal of impacted teeth only.
Moderate / deep sedation in dental rooms			DENIS pre-authorisation compulsory. Removal of impacted teeth 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.

OUT-OF-HOSPITAL BENEFITS			
	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PREVENTIVE CARE			
Flu vaccination			All beneficiaries.
COVID-19 vaccinations and boosters.			All beneficiaries.
Pneumococcal vaccination (Prevenar not included)			All beneficiaries.
Malaria medication			All beneficiaries – R460 once per year.
Contraceptive medication – tablets / patches			Female beneficiaries aged ≥ 16 – R185 every 20 days
Contraceptive medication – injectables			Female beneficiaries aged ≥ 16 – R285 every 72 days

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 Risk Programme compulsory.


SUPPLEMENTARY BENEFITS			
	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HIV / AIDS	100%		Unlimited. Chronic Disease Risk 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 800	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.

*Subject to Scheme rules, clinical protocols and the use of DSPs.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R1 990	R1 595	R717



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ORIGIN

Great-value, low-cost
comprehensive cover.




Origin is the comprehensive medical cover for anyone who has basic in- and out- of hospital needs for themselves or the people they care for.


Delivering unbeatable value-for-money, this option includes an unlimited private hospital plan, specified day-to-day benefits, and covers the basic 26 chronic medical conditions.


It's affordable day-to-day cover for you and yours.

* Disclaimer: Benefits subject to approval by the Council for Medical Schemes (CMS) and although every precaution has been taken to ensure the accuracy of information contained in the benefit brochure, the official rules of the Scheme will prevail, should a dispute arise. The rules of KeyHealth are available on request or can be viewed at www.keyhealthmedical.co.za.

ORIGIN 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. All other procedures will be covered at 100% of agreed tariff, subject to case management and Scheme protocols.
	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, Bloemfontein and Polokwane). (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.
	Prosthetics / prosthesis Internal, external, fixation devices and implanted devices	100%		Subject to pre-authorisation and Scheme protocols. PMB entitlement only.
	Medication on discharge	100%	R640	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.
	PSYCHIATRIC TREATMENT			
		100%	R24 000	Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement only. Unlimited PMB benefits.
	DIALYSIS			
		100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	ONCOLOGY			
		100%	R189 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		R20 000	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			No benefit.
	PATHOLOGY			
		100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only.
	BLOOD TRANSFUSION			
		100%		Unlimited. Pre-authorisation compulsory.
	ENDOSCOPIC PROCEDURES (SCOPES)			
	Colonoscopy and/or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital service and in the case of PMB conditions.
	All other endoscopic procedures			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital service and in the case of PMB conditions.
	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS				
	ROUTINE MEDICAL EXPENSES			
	General practitioners, including virtual consultations and specialist 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	100%		Principal Member: R3 455 pa Adult Dependant: R1 830 pa Child Dependant: R965 pa
	(This is a family benefit, which means that one member of the family can use the total benefit allocation)			
	Over-the-counter medicine	100%		Subject to day-to-day benefit.
Over-the-counter reading glasses			R135	Pbpa. 1 pair per year. Subject to day-to-day benefit.
PATHOLOGY	100%			Subject to day-to-day benefit.

 OPTICAL SERVICES	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	100%	R1 425	Pbp2a total optical benefit. Subject to day-to-day benefit and optical management. Benefit confirmation compulsory.
Frames		R500	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			No benefit.
Refractive surgery			No benefit.

 DENTISTRY	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
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: Intraoral	100%		4 Intraoral radiographs pbpa.
X-rays: Extra-oral	100%		1 pbp3a.
Preventative care	100%		1 scale and polish treatment pbpa.

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
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. R1 890 co-payment per hospital admission (no co-payment for day hospitals)
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 Risk Programme compulsory.
Category B (other)			No benefit.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
 DOCUMENT BASED CARE (DBC) Conservative back and neck treatment	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 Risk 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 800	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.

*Subject to Scheme rules, clinical protocols and the use of DSPs.


MONTHLY CONTRIBUTION	Principal Member	Adult Dependant	Child Dependant
 Monthly contribution	R2 250	R1 603	R733



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EQUILIBRIUM

Great-value, balanced-cost basic cover and savings.






Equilibrium is the peace-of-mind-and-body medical cover for those looking for stability with extra security.



With well-balanced benefits at a highly competitive rate, this option offers an unlimited private hospital plan, specified day-to-day cover and benefits for 29 chronic medical conditions, as well as dental cover and a savings plan.

It strikes the perfect balance in everyday cover.

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EQUILIBRIUM OPTION

	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	HOSPITALISATION			Unlimited. Pre-authorisation compulsory.
	Varicose vein and reflux surgery			Varicose vein surgery and reflux surgery PMB entitlement only for varicose vein and reflux surgery. All other procedures will be covered at 100% of agreed tariff, subject to case management and Scheme protocols.
	Private hospitals			Unlimited, 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape, Bloemfontein and Polokwane). (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.
	Prosthetics / prosthesis			
	Internal, external, fixation devices and implanted devices	100%	R3 950	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
	Medication on discharge	100%	R640	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.
	PSYCHIATRIC TREATMENT			
		100%	R24 000	Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement only. Unlimited PMB benefits.
	DIALYSIS			
		100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
	ONCOLOGY			
		100%	R189 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		R21 000	Pfpa. Combined benefit in- or out-of-hospital, R1 580 co-payment per scan in- or out-of-hospital (except for confirmed PMBs).
	X-rays			Unlimited.
	PET scans			No benefit.
	PATHOLOGY			
		100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only.
	BLOOD TRANSFUSION			
		100%		Unlimited. Pre-authorisation compulsory.
	ENDOSCOPIC PROCEDURES (SCOPES)			
		100%		
	Colonoscopy and / or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.
	All other endoscopic procedures			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.

	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	DAY-TO-DAY BENEFITS			
	ROUTINE MEDICAL EXPENSES			
	General practitioners, including virtual consultations and specialist 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	100%		Annual Medical Savings Account (MSA): Principal Member: R2 400 pa Adult Dependant: R1 476 pa Child Dependant: R732 pa Additional day-to-day benefits: Principal Member: R3 455 pa Adult Dependant: R2 380 pa Child Dependant: R1 055 pa
	(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		R135	Pbpa. 1 pair per year. Subject to MSA / day-to-day benefit.
	PATHOLOGY			
		100%		Subject to MSA / day-to-day benefit.
	OPTICAL SERVICES			
		100%	R1 425	Pbp2a total optical benefit. Subject to MSA / day-to-day benefit and optical management. Benefit confirmation compulsory.
	Frames		R500	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.

DAY-TO-DAY BENEFITS			
Contact lenses		R700	Subject to MSA / day-to-day benefit.
Refractive surgery			Pbpa. Subject to overall optical benefit.
DENTISTRY			
CONSERVATIVE DENTISTRY			
Consultations	100%		1 check-up pbpa. 3 specific (emergency) consultations pbpa.
X-rays: Intraoral	100%		4 Intraoral 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-authorization compulsory.

OUT-OF-HOSPITAL BENEFITS			
MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY	
DENTISTRY			
SPECIALISED DENTISTRY			
Orthodontics (non-cosmetic treatment only)	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.
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-authorization not required. Removal of impacted teeth only.
Surgery in-hospital (general anaesthesia)	100%		DENIS pre-authorization 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-authorization compulsory. Limited to extensive dental treatment for children <5 years and the removal of impacted teeth. R1 890 co-payment per hospital admission (no co-payment for day hospitals)
Inhalation sedation in dental rooms	100%		DENIS pre-authorization not required.
Moderate / deep sedation in dental rooms	100%		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 Risk Programme compulsory.
Category B (other)	100%		Additional 4 non-PMB CDL conditions: acne and ADHD / ADD for children up to the age of 21, rhinitis and major depression for all beneficiaries.

SUPPLEMENTARY BENEFITS			
MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY	
DOCUMENT BASED CARE (DBC) Conservative back and neck treatment			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 Risk 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 800	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 and maintenance (batteries included)			No benefit. Subject to MSA.

*Subject to Scheme rules, clinical protocols and the use of DSPs.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R2 576	R1 591	R792
Monthly savings	R202	R125	R62
Total monthly contribution	R2 778	R1 716	R854

*Members only pay for a maximum of three Child Dependents



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SILVER

High-value, silver standard, smartly priced comprehensive cover.

Silver is the step-up medical cover for individuals and families who expect more than the usual.

With a high value-for-money rate, this option offers an unlimited hospital plan, enhanced day-to-day cover and benefits for 29 chronic medical conditions, as well as dental cover and three extra doctor's visits for your Child Dependents.

It takes everyday cover and loads it with a silver lining.

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SILVER OPTION

MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			
Varicose vein and reflux surgery			Unlimited. Pre-authorisation compulsory. PMB entitlement only for varicose vein and reflux surgery. All other procedures will be covered at 100% of agreed tariff, subject to case management and Scheme protocols.
Private hospitals			Unlimited. 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape, Bloemfontein and Polokwane). (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.
Prosthetics / prosthesis Internal, external, fixation devices and implanted devices	100%	R7 700	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
Medication on discharge	100%	R640	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%	R35 900	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 500. 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.
PSYCHIATRIC TREATMENT	100%	R24 000	Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital: PMB entitlement. Unlimited for PMBs.
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
ONCOLOGY	100%	R212 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. Day-to-day benefits will then apply.
MRI and CT scans		R21 000	Pfpa. Combined benefit in- or out -of hospital benefit. R1 580 co-payment per scan in- or out-of-hospital (except for confirmed PMBs).
X-rays			Unlimited.
PET scans			No benefit.
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
ENDOSCOPIC PROCEDURES (SCOPES)	100%		
Colonoscopy and / or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.
All other endoscopic procedures			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioners, including virtual consultations and specialist 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: R9 300 pa Adult Dependant: R6 760 pa Child Dependant: R1 880 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%	R2 000	Pfpa sublimit. Subject to day-to-day benefit.
Over-the-counter reading glasses		R150	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 890	Pbp2a total optical benefit. Subject to day-to-day benefit and optical management. Benefit confirmation compulsory.
Frames		R630	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		R845	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: Intraoral	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.

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
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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. DENIS pre-authorisation compulsory. A treatment plan and X-rays may be requested. 1 per tooth pbp5a.
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. Temporo-Mandibular 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 pre-authorisation compulsory. Extensive dental treatment for children <5 years and the removal of impacted teeth. R1 890 co-payment per hospital admission (no co-payment for day hospitals)
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
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CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited – subject to reference pricing and protocols. Registration on Chronic Disease Risk Programme compulsory.
Category B (other)	100%		Additional 4 non-PMB CDL conditions: acne and ADHD / ADD for children up to the age of 21, rhinitis and major depression for all beneficiaries.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
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DOCUMENT BASED CARE (DBC) Conservative back and neck treatment	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 Risk 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 100	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.

*Subject to Scheme rules, clinical protocols and the use of DSPs.

MONTHLY CONTRIBUTION			
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	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R4 799	R2 582	R1 002

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



KeyHealth
MEDICAL SCHEME

 Real value speaks for itself

2024

BENEFITS BROCHURE

GOLD

Super-value, gold standard, smartly priced comprehensive cover and savings.

Gold is the superior medical cover for individuals and families who demand both substantial cover and security from their plans.

With a premium rate and loaded value, this option offers an unlimited hospital plan, superior day-to-day cover and benefits for 44 chronic medical conditions, as well as dental cover, increased savings, and out-of-hospital mental health cover.

It sets the new standard in gold medical cover.

* Disclaimer: Benefits subject to approval by the Council for Medical Schemes (CMS) and although every precaution has been taken to ensure the accuracy of information contained in the benefit brochure, the official rules of the Scheme will prevail, should a dispute arise. The rules of KeyHealth are available on request or can be viewed at www.keyhealthmedical.co.za.

GOLD OPTION

MAJOR MEDICAL BENEFITS	MST(%)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
Private hospitals			Unlimited, 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and Mediclinic in Western Cape, Bloemfontein and Polokwane). (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.
Prosthetics / prosthesis Internal, external, fixation devices and implanted devices	100%	R56 500	Pfpa, combined benefit. Pre-authorisation compulsory and subject to case management, reference pricing, DSP and Scheme protocols.
Medication on discharge	100%	R640	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%	R48 700	Pre-authorisation compulsory and subject to case management and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R16 000. 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.
PSYCHIATRIC TREATMENT	100%	R48 700	Pre-authorisation compulsory and subject to case management. Pfpa. Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R20 000.
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB entitlement only.
ONCOLOGY	100%	R484 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			
MRI and CT scans	100%	R21 000	Pfpa. Combined benefit in- or out-of-hospital. R1 580 co-payment per scan in- or out-of-hospital (except for confirmed PMBs).
X-rays			Unlimited.
PET scans			2 scans pbpa. Maximum of R28 100 per scan.
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
ENDOSCOPIC PROCEDURES (SCOPES)			
Colonoscopy and / or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.
All other endoscopic procedures			Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.

OUT-OF-HOSPITAL BENEFITS	MST(%)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES			
General practitioners, including virtual consultations and specialist 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)	100%		Annual Medical Savings Account (MSA): Principal Member: R8 364 pa Adult Dependant: R5 652 pa Child Dependant: R1 644 pa Additional day-to-day benefits: Principal Member: R6 020 pa Adult Dependant: R4 480 pa Child Dependant: R1 440 pa
Over-the-counter medication	100%	R2 460	Pfpa sublimit. Subject to MSA / day-to-day benefit.
Over-the-counter reading glasses		R225	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit.
PATHOLOGY	100%		Subject to MSA / day-to-day benefit.
OPTICAL SERVICES			
Frames		R1 200	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 790	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: Intraoral	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-authorization compulsory.
OUT-OF-HOSPITAL BENEFITS		MST(<=)	BENEFIT
DENTISTRY			
SPECIALISED DENTISTRY			
Partial chrome cobalt frame dentures	90%		DENIS pre-authorization compulsory. 1 partial metal frame (upper or lower jaw) pbp5a.
Crowns and bridges	90%		DENIS pre-authorization compulsory. A treatment plan and X-rays may be requested. 1 per tooth pbp5a.
Implants			No benefit. Subject to MSA.
Orthodontics	90%		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	90%		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			DENIS protocols, Scheme rules and managed care interventions apply. Exclusions apply in accordance with Scheme rules.
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			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Hospitalisation (general anaesthesia)	100%		DENIS pre-authorization compulsory. Extensive dental treatment for children <5 years and the removal of impacted teeth. R1 890 co-payment per hospital admission (no co-payment for day hospitals).
Inhalation sedation in dental rooms	100%		DENIS pre-authorization not required.
Moderate / deep sedation in dental rooms	100%		DENIS pre-authorization compulsory. Limited to extensive dental treatment.

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

CHRONIC BENEFITS			
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited – subject to reference pricing and protocols. Registration on Chronic Disease Risk Programme compulsory.
Category B (other)	100%	R10 300	Subject to chronic benefit with a maximum pfpa.


SUPPLEMENTARY BENEFITS			
DOCUMENT BASED CARE (DBC) Conservative back and neck treatment		100%	
HIV / AIDS		100%	
AMBULANCE SERVICES		100%	
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R10 800	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%	R19 250	No authorisation required. Pfp5a. Subject to maximum of R9 650 per ear.
Hearing aids and maintenance (batteries included)	100%	R1 215	Pbpa.

*Subject to Scheme rules, clinical protocols per option and the use of DSPs.

MONTHLY CONTRIBUTION			
	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R6 337	R4 283	R1 244
Monthly savings	R703	R475	R138
Total monthly contribution	R7 056	R4 758	R1 382



KeyHealth
MEDICAL SCHEME

 Real value speaks for itself



2024

BENEFITS BROCHURE

PLATINUM

Supreme, platinum standard, highest value, comprehensive cover.

Platinum is the top tier of medical cover for people who want it all taken care of, now and in the future.

With a prime rate and top-drawer value, this option offers an unlimited hospital plan, superlative day-to-day cover, self-funding gap and threshold, plus benefits for 55 chronic medical conditions, as well as increased dental cover, out-of-hospital mental health cover, unlimited oncology and prosthesis benefits, and more.


It brings new meaning to comprehensive cover in every way.

* Disclaimer: Benefits subject to approval by the Council for Medical Schemes (CMS) and although every precaution has been taken to ensure the accuracy of information contained in the benefit brochure, the official rules of the Scheme will prevail, should a dispute arise. The rules of KeyHealth are available on request or can be viewed at www.keyhealthmedical.co.za.

PLATINUM OPTION


	MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
H	HOSPITALISATION			Unlimited. Pre-authorisation compulsory.
	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, Bloemfontein and Polokwane). (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.
	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.
	Medication on discharge	100%	R640	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%	R59 900	Pre-authorisation compulsory and subject to case management and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R20 700. Combined in- and out-of-hospital benefit.
	TRANSPLANTS (Solid organs, tissue and corneas) Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		Unlimited, subject to use of DSP. Pre-authorisation compulsory and subject to case management.
	PSYCHIATRIC TREATMENT	100%	R67 300	Pre-authorisation compulsory. Pfpa. Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R28 000. Unlimited PMB benefits.
	DIALYSIS	100%		Unlimited. Pre-authorisation compulsory and subject to case management and Scheme protocols.
	ONCOLOGY	100%		Unlimited. 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		R29 800	Pfpa. Combined benefit in- or out-of-hospital.
	X-rays			Unlimited.
	PET scans			2 scans pbpa. Maximum of R28 100 per scan.
	PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only.
	BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
	ENDOSCOPIC PROCEDURES (SCOPES)	100%		
	Colonoscopy and / or gastroscopy	100%		Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.
	All other endoscopic procedures	100%		Pre-authorisation compulsory. No co-payment* if done in DSP hospital and use of a DSP specialist for out-of-hospital services and in the case of PMB conditions.

	OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	DAY-TO-DAY BENEFITS			
	ROUTINE MEDICAL EXPENSES General practitioners, including virtual consultations and specialist 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 (This is a family benefit, which means that one member of the family can use the total benefit allocation)	100%		Principal Member: R13 065 pa Adult Dependant: R12 675 pa Child Dependant: R3 100 pa
	Self-funding gap (SFG)			Member is responsible for payment of all day-to-day expenses, up to the value of: PM – R4 575, AD – R4 070, CD – R1 500. 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	100%		Further unlimited routine benefits, excluding physiotherapy, pathology and prescribed medication. The following benefits will be limited: • Prescribed medication PM – R10 780, AD – R4 870, CD – R2 400 • Physiotherapy R17 050 pfpa • Pathology R17 050 pfpa
	Over-the-counter medication	100%	R3 670	Pfpa submit. Subject to day-to-day and threshold zone.
	Over-the-counter reading glasses		R250	Pbpa. 1 pair per year. Subject to over-the-counter medication submit.
	PATHOLOGY	100%		Pfpa. Subject to day-to-day and threshold zone.

	OPTICAL SERVICES	100%	R6 300	Pbp2a total optical benefit. Subject to day-to-day benefit, threshold zone and optical management. Benefit confirmation compulsory.
	Frames		R1 890	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 930	Pbpa. Subject to overall optical benefit.
	Refractive surgery		R24 000	Per beneficiary once per lifetime. Pre-authorisation compulsory.





DENTISTRY				
CONSERVATIVE DENTISTRY				
	Consultations	100%		Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
	X-rays: Intraoral	100%		2 check-ups pbpa.

OUT-OF-HOSPITAL BENEFITS		MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
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	DENTISTRY			
	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%	R5 250	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 pre-authorisation compulsory. Extensive dental treatment for children <5 years and the removal of impacted teeth. R1 890 co-payment per hospital admission (no co-payment for day hospitals).
	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 Risk Programme compulsory.
	Category B (other)	100%	R22 900	Pbpa. Subject to chronic benefit to a maximum of R46 800 p/pa.

SUPPLEMENTARY BENEFITS		MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
	DOCUMENT BASED CARE (DBC) Conservative back and neck treatment	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 Risk 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%	R13 900	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%	R42 200	No authorisation required. Pfp5a. Subject to maximum of R20 900 per ear.
	Hearing aids and maintenance (batteries included)	100%	R1 605	Pbpa.

*Subject to Scheme rules, clinical protocols and the use of DSPs.

MONTHLY CONTRIBUTION				
	Principal Member	Adult Dependant	Child Dependant	
	Monthly contribution	R11 308	R7 929	R2 388

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. Subject to DSPs.

QUALIFICATION:

Once you have completed the Screening tests you will gain access to the Health Booster benefits.

- Pre-authorisation is required in order to access the maternity benefits and weight loss benefits on Health Booster. Contact the Pre-authorisation 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.

When claiming for your antenatal vitamins, request that the pharmacist at the dispensary claim the antenatal vitamins electronically from the Scheme or supply the Scheme with a specified paper claim with a valid NAPPI code(s), ICD-10 code, and proof of payment or reimbursement. 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.

Health Booster is excluded on the Essence option.

TYPE OF TEST

WHO & HOW OFTEN

PREVENTIVE CARE

Flu vaccination	All beneficiaries.
COVID-19 vaccinations and boosters	All beneficiaries.
Tetanus injection	All beneficiaries – as and when required (excludes the Origin option).
Pneumococcal vaccination (Prevenar not included)	All beneficiaries.
Malaria medication	All beneficiaries – R460 once per year.
Contraceptive medication – tablets/patches	Female beneficiaries aged ≥ 16 – R185 every 20 days (Silver, Equilibrium and Origin options only).
Contraceptive medication – injectables	Female beneficiaries aged ≥ 16 – R285 every 72 days (Silver, Equilibrium and Origin 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.
Stool test for colon cancer	Beneficiaries aged 50-75 years (excludes the Origin option).
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.

WEIGHT LOSS (Pre-authorisation essential to access benefits)

Weight Loss Programme (Excludes the Origin option)	All beneficiaries with HA BMI ≥ 30: • 3 x dietician consultations (one per month). • 1 x biokineticist consultation (to create a home exercise programme for the member). • 3 x additional dietician consultations (one per week, provided that a weight loss chart was received from the dietician proving weight loss after the first 3 weeks) • 1 x follow-up consultation with biokineticist.
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MATERNITY (Pre-authorisation essential to access benefits)

Antenatal visits (GP, gynaecologist or midwife) and 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 (#above) and birthing fees	Covered to the value of R1 440 per pregnancy.
Antenatal vitamins	Covered to the value of R2 440 per pregnancy.
Antenatal classes	Covered to the value of R2 440 for first pregnancy.

CHILD BOOSTER BENEFITS

Child immunisation	Child Dependants aged ≤ 6 – as required by the Department of Health.
HPV vaccination	Female beneficiaries aged 9-14 years – 2 doses per lifetime.
Child growth assessments	3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-7 years (Silver, Equilibrium and Origin options only). 3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-35 months (Platinum and Gold options only).
Paediatrician visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year.
Hearing screening test	Newborns aged 0-8 weeks (Silver, Equilibrium and Origin options only) (Once).
Eye test	Child Dependants aged 0-7 years (Silver, Equilibrium and Origin options only) (Once).

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)
pbpl	per beneficiary per lifetime
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)



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

WHAT IS AN EMERGENCY?

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and / or intervention. If the treatment or intervention 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.

WHAT QUALIFIES AS AN EASY-ER EMERGENCY?

- Motor vehicle accidents
- Sport injuries
- Dental injuries (direct blow to the face / mouth)
- Playground accidents

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, follow-up consultations and follow-up radiology and pathology tests.

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 to the closest hospital's emergency room (ER) is guaranteed on confirmation of KeyHealth membership by a Client Service Centre agent.

Not all visits or consultations to the hospital's emergency room will be funded from the Easy-ER benefit, as benefits are approved for *bona fide* emergencies only.

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.

KeyHealth
MEDICAL SCHEME



Real value speaks for itself

easy+ER

080 111 0215

www.keyhealthmedical.co.za



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 antenatal 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.
- 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 separate from day-to-day benefits and medical savings accounts.

Antenatal visits (GP / gynaecologist / midwife) 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
Antenatal vitamins	R2 440 per pregnancy
Antenatal classes	R2 440 for first pregnancy

HOW TO BENEFIT FROM THE SMART BABY PROGRAMME

- Register on the Smart Baby Programme as soon as the pregnancy is confirmed.
- 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**.
- When claiming for your antenatal vitamins, request that the pharmacist at the dispensary claim the antenatal vitamins electronically from the Scheme or supply the Scheme with a specified paper claim with a valid NAPPI code(s), ICD-10 code, and proof of payment for reimbursement.
- Register baby as a KeyHealth member within 30 days after birth.

HOW TO REGISTER FOR THE SMART BABY PROGRAMME

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





KeyHealth
MEDICAL SCHEME



Real value speaks for itself

2024

BENEFITS BROCHURE