

KeyHealth

MEDICAL SCHEME



Real value speaks for itself



BENEFITS BROCHURE

PLATINUM

Supreme, platinum standard, highest value, comprehensive benefits.

Platinum is the top tier of medical benefits 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 benefits, self-funding gap and threshold, plus benefits for 55 chronic medical conditions as well as increased dental benefits, out-of-hospital mental health benefits, unlimited oncology and prosthesis benefits, and more.

It brings new meaning to comprehensive benefits in every way.

GLOSSARY

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Agreed tariff	A tariff agreed to, from time to time, between the Scheme and the 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 Iso Leso Optics
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 reading glasses)
MSA	Medical Savings Account
Medication on discharge	Medication given to members upon discharge from a hospital (also known as TIO – to take out medication)
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)
pfp5a	per family every 5 years



* 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 benefits 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
HOSPITALISATION			
Pre-authorisation compulsory			
Private hospitals			Unlimited, up to 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and selected Mediclinics 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%	R156 000	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols
Medication on discharge	100%	R695	Per admission
MAJOR MEDICAL OCCURRENCES			
MATERNITY	100%		Private ward for 3 days for natural birth Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#			Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits. Additional screening tests. Subject to use of DSP. Subject to Health Booster benefits
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. Subject to use of DSP. Subject to the Health Booster benefits
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 570 per pregnancy Subject to the Health Booster benefits
Antenatal vitamins			Covered to the value of R2 650 per pregnancy Subject to the Health Booster benefits
Antenatal classes			Covered to the value of R2 650 for first pregnancy Subject to the Health Booster benefits
RSV vaccine			1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery
SUB-ACUTE FACILITIES AND WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R65 100	Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R22 500. 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 and case management Pre-authorisation compulsory
MACULAR DEGENERATION	100%		Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols. PMB level of care / entitlement only
PSYCHIATRIC TREATMENT	100%	R73 100	Pfpa. Pre-authorisation compulsory and subject to case management Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R30 400. Unlimited PMB benefits
DIALYSIS	100%		Unlimited. Pre-authorisation compulsory and subject to case management, use of DSP, 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 compulsory for 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		R32 400	Pfpa. Combined benefit in- or out-of-hospital
X-rays			Unlimited
PET scans			2 scans pbpa. Maximum of R52 100 per scan
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only (day-to-day benefits will then apply)
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory
IN-ROOM PROCEDURES	200%		Pre-authorisation compulsory and subject to Scheme protocols Cover for a list of approved procedures performed in the specialist's rooms R5 000 co-payment per hospital admission (no co-payment if done in rooms or day hospitals) Defined list available on the KeyHealth website and on request
OUT-OF-HOSPITAL BENEFITS			
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioners, family physicians, including virtual 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. This is a family benefit, which means that one member of the family can use the total benefit allocation.	100%		Principal Member: R14 200 pa Adult Dependant: R13 775 pa Child Dependant: R3 370 pa



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

OUT-OF-HOSPITAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
Self-funding gap (SFG)			Member is responsible for payment of all day-to-day expenses, up to the value of: PM – R4 970, AD – R4 420, CD – R1 630 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 routine benefits, excluding physiotherapy, pathology and prescribed medication. The following limits apply: - Threshold zone: PM – R19 170, AD – R18 195, CD – R5 000 - Prescribed medication: PM – R11 720, AD – R5 290, CD – R2 610 - Physiotherapy: R18 550 pfpa - Pathology: R18 550 pfpa
Over-the-counter medicine	100%	R3 990	Pfpa sublimit. Subject to day-to-day and threshold zone
Over-the-counter reading glasses		R270	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit
PATHOLOGY	100%		Subject to day-to-day and threshold zone
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
Category B (other)	100%	R24 900	Pbpa. Subject to chronic benefit to a maximum of R50 900 pfpa
OPTICAL SERVICES			
Eye test / consultation	100%		1 test pbp2a, included in the combined benefit, subject to day-to-day benefit and threshold zone
Materials / components	100%	R6 850	Pbp2a total optical benefit. Subject to day-to-day benefit, threshold zone and optical management. Benefit confirmation compulsory. Combined benefit – one pair spectacles (single vision, bifocal, or base multifocal lenses, including frames) and / or contact lenses
Refractive surgery		R26 080	Per beneficiary once per lifetime. Pre-authorization compulsory
DENTISTRY			
CONSERVATIVE DENTISTRY			
Consultations	100%		Subject to DENIS protocols, managed care interventions and Scheme rules Exclusions apply in accordance with Scheme rules 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. Retreatment of a tooth subject to clinical protocols
Tooth extractions and root canal treatment	100%		Root canal therapy on primary (milk) teeth and 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
SPECIALISED DENTISTRY			
Partial chrome cobalt frame dentures	80%		2 frames (upper and lower jaw) pbp5a DENIS pre-authorization compulsory
Crowns and bridges	80%		DENIS pre-authorization compulsory. 1 per tooth pbp5a
Implants	80%	R5 700	Pbpa limitation on cost. DENIS pre-authorization compulsory
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 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 protocols and Scheme rules apply 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)	100%		DENIS pre-authorization compulsory (see hospitalisation below)
Hospitalisation and anaesthetics			
Hospitalisation (general anaesthesia)	100%		DENIS pre-authorization compulsory. Limited to extensive dental treatment for children < 5 years and the removal of impacted teeth R2 060 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			
SUPPLEMENTARY BENEFITS			
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%	R15 100	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities, replacement periods and Scheme protocols. No pre-authorization required No benefit for maintenance and batteries
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorization compulsory, subject to quantities, replacement periods and Scheme protocols. No benefit for maintenance and batteries
Hearing aids	100%	R45 800	No authorisation required. Pfp5a. Subject to maximum of R22 800 per ear
Hearing aids and maintenance (batteries included)	100%	R1 745	Pbpa

MONTHLY CONTRIBUTION

MONTHLY CONTRIBUTION	Principal Member	Adult Dependant	Child Dependant
	R13 840	R9 704	R2 924

HEALTH BOOSTER

Health Booster provides additional benefits to members at no extra cost. It is aimed at preventative treatment and therefore gives access to free screening tests. Refer to the Essence benefit option.

Only those benefits stated in the benefit structure under Health Booster will be paid by the Scheme, up to a maximum rand value (MST), which is determined according to specific tariff codes. Subject to use of DSPs.

QUALIFICATION

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

MATERNITY BENEFITS

- Pre-authorisation is required in order to access the maternity 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 (MST) with the call centre consultant and inform the service provider involved accordingly.
- Inform the service provider involved accordingly.
- 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.

SCREENING TESTS

One of the benefits available is the Health Assessment (HA).

This assessment comprises the following screening tests, done at any pharmacy:

- Body mass index (BMI)
- Blood sugar (finger prick test)
- Cholesterol (finger prick test)
- Blood pressure (systolic and diastolic)
- Prostate phlebotomy for PSA test

Digital Health Assessment (DHA), via the the member app.

This assessment comprises:

- Blood pressure measurement
- Heart rate monitoring
- Respiration rate

Principal Members and their beneficiaries will be entitled to one Health Assessment (HA) and / or Digital Health Assessment (DHA) per benefit year.

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 the member or the service provider via email to disease.management@keyhealthmedical.co.za.

BENEFIT	WHO & HOW OFTEN
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
Specialist visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year
Child growth assessments	Platinum and Gold options only: 3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-35 months Silver, Equilibrium and Origin options only: 3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-7 years
Hearing screening test	Newborns aged 0-8 weeks (once)
Eye test	Child Dependants aged 0-7 years (once)
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
Colon screening test for colon cancer	Beneficiaries aged 50-75 years (Excludes the Origin option)
HIV / AIDS test (pathologist)	All beneficiaries – once per year
Health Assessment (HA): Body mass index (BMI), bloodpressure measurement, cholesterol test (finger prick), blood sugar test (finger prick), PSA (finger prick) AND / OR Digital Health Assessment (DHA): Blood pressure measurement, heart rate, respiration rate	All beneficiaries – once per year Beneficiaries aged ≥ 18 – once per year
PREVENTATIVE CARE	
Flu vaccination	All beneficiaries
COVID-19 vaccinations and boosters	All beneficiaries
Tetanus vaccination	All beneficiaries – as and when required
Pneumococcal vaccination (Prevenar not included)	All beneficiaries
Malaria medication	All beneficiaries – R500 once per year
Contraceptive medication – tablets / patches	Female beneficiaries aged ≥16 – R190 every 20 days (Silver, Equilibrium and Origin options only)
Contraceptive medication – injectables	Female beneficiaries aged ≥16 – R295 every 72 days (Silver, Equilibrium and Origin options only)
WEIGHT LOSS (Pre-authorisation essential to access benefits)	
Weight Loss Programme (Excludes the Origin option)	All beneficiaries with HA BMI ≥30: <ul style="list-style-type: none"> • 3 x dietician consultations (1 per month) • 1 x biokineticist consultation (to create a home exercise programme for the member) • 3 x additional dietician consultations (one per month, provided that a weight loss chart was received from the dietician proving weight loss after the first 3 months) • 1 x follow-up consultation with biokineticist
MATERNITY (Pre-authorisation compulsory)	
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#	Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits including additional screening tests
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 570 per pregnancy
Antenatal vitamins	Covered to the value of R2 650 per pregnancy
Antenatal classes	Covered to the value of R2 650 for first pregnancy
RSV vaccine	1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery

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.



- Easy-ER offers all KeyHealth beneficiaries 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.
- The Easy-ER card for children provides immediate access to a hospital's ER facility, even if children are not accompanied by a parent.

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

Note: The ER services must be rendered on the day of the incident / injury.

UNSURE OF WHEN TO GO TO THE ER?

- Don't hesitate to contact **Netcare 911's** 24-hour Health-on-line service on 082 911. The nurses on call will assist with medical information, advisory services and member education.
- 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 beneficiaries.
- The Easy-ER benefit does not include pharmacy or medical appliance claims, provides follow-up consultations, and radiology and pathology tests.
- Admission to hospital, after treatment at the ER facility, 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 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 at the hospital's emergency room will be funded from the Easy-ER benefit, as benefits are approved for *bona fide* emergencies only.
- The benefits of Easy-ER are not to be abused. KeyHealth reserves the right to recoup any monies from the Principal Member and to suspend Easy-ER benefits immediately.



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.



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
Specialist visits (once baby is a registered dependant)	2 visits in baby's first year 1 visit in baby's 2nd year
Short payments / co-payments for services rendered (#above) and birthing fees	R1 570 per pregnancy
Antenatal vitamins	R2 650 per pregnancy
Antenatal classes	R2 650 for first pregnancy

ADDITIONAL SCREENING TESTS

- Haemoglobin (Hb) level at the first antenatal visit then repeated between 28-32 weeks and 36 weeks of gestation
- Bacteriuria at the first visit or at 12-16 weeks of gestation
- Gestational diabetes, screened at the first antenatal visit and again at 28 weeks of gestation (if the initial screening was negative), for mothers who do not have pre-gestational diabetes (i.e. already known to be diabetic)
- Syphilis test at the first antenatal visit
- Chlamydia test at the first antenatal visit
- Hepatitis B in the first trimester
- Rh incompatibility for the first pregnancy between 24-28 weeks

ADDITIONAL VACCINE

- RSV vaccine (Pfizer's Abrysvo) 1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery

THE SMART BABY PROGRAMME PROVIDES

- 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.
- Regular communication with parents-to-be.

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.keyhealthmedical.co.za

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**.
- 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) and ICD-10 code and proof of payment for reimbursement.
- **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**.
- **NB: Register baby as a KeyHealth dependant within 30 days after birth.**

KeyHealth

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Contact KeyHealth



Visit

www.keyhealthmedical.co.za



Centurion

PPS Centurion Square
Cnr Gordon Hood and
Heuwel Roads
Centurion

Cape Town

28A Wale Street
Cape Town

Gqeberha

170 Cape Road
Mill Park
Gqeberha

Polokwane

41 Hans van Rensburg Street
Polokwane

Durban

236 on Ninth Avenue
Windermere Centre
Durban



SCAN ME