SCAN ME

KeyHealth
MEDICAL SCHEME

Real value speaks for itself

2024

BENEFITS BROCHURE

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 30 chronic medical conditions, as well as dental cover and a savings plan.

It strikes the perfect balance in everyday cover.

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 (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: R2 424 pa Adult Dependant: R1 500 pa Child Dependant: R744 pa **Additional day-to-day benefits:** Principal Member: R3 455 pa Adult Dependant: R2 380 pa Child Dependant: R1 055 pa
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			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Consultations	100%		1 check-up pbpa. 3 specific (emergency) consultations pbpa.
X-rays: 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-authorisation compulsory.

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DENTISTRY			
SPECIALISED DENTISTRY			
Orthodontics (non-cosmetic treatment only)	80%		DENIS pre-authorisation compulsory. Cases will be clinically assessed using orthodontic indices where function is impaired. Not for cosmetic reasons; laboratory costs also excluded. Only 1 beneficiary per family may commence treatment per calendar year. Limited to beneficiaries aged 9-18 years.
Maxillo-facial and oral surgery	100%		Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Surgery in dental chair	100%		DENIS pre-authorisation not required. Removal of impacted teeth only.
Surgery in-hospital (general anaesthesia)	100%		DENIS pre-authorisation compulsory. (See hospitalisation below)
Hospitalisation and anaesthetics			Subject to DENIS protocols, managed care interventions and Scheme rules. Exclusions apply in accordance with Scheme rules.
Hospitalisation (general anaesthesia)	100%		DENIS pre-authorisation compulsory. Limited to extensive dental treatment for children <5 years and the removal of impacted teeth. 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%		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-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%	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 (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 Dependants**

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.**

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.
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
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.
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	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.
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).
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

KeyHealth MEDICAL SCHEME

- 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.

BENEFITS OF EASY-ER

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

WHAT QUALIFIES AS AN EASY-ER EMERGENCY?

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

KeyHealth MEDICAL SCHEME

Real value speaks for itself

easy-ER

080 111 0215

www.keyhealthmedical.co.za

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.**

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.keyhealthmedical.co.za