

2020 BENEFITS

PLATCOMPREHENSIVE
PLATFREEDOM
PLATCAP



**PLATINUM
HEALTH**

2020 CONTRIBUTIONS



PLATCOMPREHENSIVE

SALARY SCALE	R0 – R16 000	R16 001 – R24 533	R24 534+
PRINCIPAL MEMBER	R1 373	R1 982	R2 324
ADULT DEPENDANT	R1 373	R1 982	R2 324
CHILD DEPENDANT	R465	R705	R808

Platinum Health's premium product, PlatComprehensive offers exceptional benefits, designed to meet the most demanding healthcare needs. It boasts extensive benefits such as unlimited hospitalisation at designated service provider (DSP) hospitals at 100% of the Scheme's Tariff. Going one step further in superiority, PlatComprehensive offers 100% cover of all acute and chronic medication subject to the Scheme's formulary. Healthcare services may be accessed via either a primary healthcare nurse or a general practitioner. Statutory Prescribed Minimum Benefits (PMBs), as required by the Medical Schemes Act, are covered both in-and-out of hospital at 100% of cost/negotiated Tariff. Services rendered by a public hospital or the Scheme's DSP at cost and no levy or co-payment shall apply. Subject to regulation 8(3) any services rendered by a non-DSP on a voluntary basis will be subject to a 20% co-payment and the Scheme will cover 80% of the cost if non-DSPs are utilised.

*Radius Specifications

Members located within a 50km radius of Scheme DSPs are obliged to utilise Scheme DSPs, subject to regulation 8(3). Members located between 50 – 200 km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3).

PLATFREEDOM

SALARY SCALE	R0 – R11 419	R11 420 – R17 035	R17 036 – R23 465	R23 466 – R47 710	R47 711+
PRINCIPAL MEMBER	R1 854	R2 370	R2 566	R3 204	R3 796
ADULT DEPENDANT	R1 454	R1 868	R1 972	R2 483	R3 015
CHILD DEPENDANT	R497	R639	R689	R762	R892

PlatFreedom offers members complete freedom of choice to see service providers they prefer; however, members will be liable for the full cost once the limit is reached. Most benefits have limits and is subject to an Overall Annual Limit (OAL) of R1 million.

Hospitalisation is subject to the OAL at 100% of the Scheme Tariff and authorisation must be obtained from the Scheme in all instances. There is a limit on Acute medication inclusive of the over-the-counter (OTC) benefit. Prescribed Minimum Benefits (PMBs), as required by the Medical Schemes Act, are covered both in-and-out of hospital at 100% of cost/negotiated Tariff; subject to services rendered by a public hospital or the scheme's DSPs at cost and no levy or co-payment shall apply.

PLATCAP

SALARY SCALE	R0 – R9 813	R9 814 – R16 107	R16 108+
PRINCIPAL MEMBER	R1 030	R1 249	R2 324
ADULT DEPENDANT	R1 030	R1 249	R2 324
CHILD DEPENDANT	R421	R525	R808

The PlatCap Option offers similar benefits to other low-cost scheme options in the market; but is significantly more affordable than other low-cost medical scheme options. GP visits are unlimited subject to PlatCap members utilising Platinum Health facilities, and/or Scheme DSPs. Certain benefits, however, have specific limits and members become responsible for medical expenses once benefit limits have been reached. Prescribed minimum benefits (PMBs), as required by the Medical Schemes Act, are covered both in-and-out of hospital at 100% of the cost/negotiated Tariff; subject to services rendered by a public hospital or the scheme's DSPs at cost and no levy or co-payment shall apply.

*Radius Specifications

Members located within a 50km radius of Scheme DSPs are obliged to utilise Scheme DSPs, subject to regulation 8(3). Members located between 50 – 200 km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km from DSPs shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3).


In the event that a member's income changes during the course of a benefit year, placing the member in a higher/lower income band for contribution purposes, the member shall immediately inform the scheme of such change and the scheme shall effect such adjustment to the higher/lower income band from 1 January of the following benefit year except in cases of promotion and demotion wherein the scheme shall effect such change immediately.

Platinum Health Benefits and Tariffs are subject to approval by the Council for Medical Schemes.

BENEFITS	HOSPITALISATION				SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY):
	Accommodation in a general ward, high-care ward and intensive care unit, Theatre fees and materials, Ward, Theatre drugs and hospital equipment	Medication to-take-out (TTO):	Alternative to hospitalisation (step-down or home nursing):	Physical Rehabilitation	
PLAT COMPREHENSIVE	<p><u>When utilising DSP Hospitals:</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. Where possible Scheme owned facilities have to be utilised. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p> <p><u>When utilising non-DSP Hospitals:</u> Overall limit of R133 710. 80% of Scheme/negotiated Tariff and 20% co-payment applies. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.</p>	<p>Seven-day supply PB per discharge. 100% of Scheme/ negotiated Tariff. Subject to Scheme formulary and regulation 8(3).</p>	<p>No benefit</p>	<p><u>When utilising DSP Hospitals:</u> 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p> <p><u>When utilising non-DSP Hospitals:</u> Combined with non-DSP overall Hospital limit of R133 710. 80% of Scheme/ negotiated Tariff and 20% co-payment applies. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.</p>	<p><u>When utilising DSP Hospitals:</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. Where possible Scheme owned facilities have to be utilised. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p> <p><u>When utilising non-DSP Hospitals:</u> Overall limit of R133 710. 80% of Scheme/ negotiated Tariff and 20% co-payment applies. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.</p>
PLAT FREEDOM	<p>Subject to OAL. 100% of the lower of cost or Scheme Rate. Authorisation required.</p>	<p>R510 PB per admission, included in the Acute Medicine limit. 100% of the approved price. Refer to general Scheme exclusions.</p>	<p><u>Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities:</u> Limited to R76 860 for a family. 100% of the lower of cost or Scheme Rate. Authorisation required.</p>		<p>Subject to OAL. 100% of the lower of cost or Scheme Rate. Authorisation required.</p>
PLAT CAP	<p><u>When utilising DSP Hospitals:</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.</p> <p>Where possible Scheme owned facilities have to be utilised. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p> <p><u>When utilising non-DSP Hospitals:</u> No benefit</p>	<p><u>When utilising DSP Hospitals:</u> Seven-day supply PB per discharge. 100% of Scheme/ negotiated Tariff. Subject to PlatCap option formulary.</p> <p><u>When utilising non-DSP Hospitals:</u> No benefit</p>	<p><u>When utilising DSP Hospitals:</u> Limited to R15 600 per family per annum. 100% of Scheme/ negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). Where possible Scheme owned facilities have to be utilised. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic. *Refer to Radius Specifications.</p> <p><u>When utilising non-DSP Hospitals:</u> No benefit</p>	<p><u>When utilising DSP Hospitals:</u> Limited to R55 700 per family per annum. 100% of Scheme/negotiated Tariff. Members are obliged to utilise DSPs, subject to regulation 8(3). *Refer to Radius Specifications. Subject to referral by Scheme's DSP Medical Practitioner, Scheme authorisation and clinical protocol approval. Where possible Scheme owned facilities have to be utilised. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p> <p><u>When utilising non-DSP Hospitals:</u> No benefit</p>	<p><u>When utilising DSP Hospitals:</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.</p> <p>Where possible Scheme owned facilities have to be utilised. Where services cannot be provided at a DSP hospital, the patient shall be referred by the Scheme for treatment at another private hospital or clinic.</p> <p><u>When utilising non-DSP Hospitals:</u> No benefit</p>



BENEFITS	EMERGENCY MEDICAL TRANSPORT 	PROSTHESIS (Pacemaker, prosthetic valves, vascular prosthesis & orthopaedic prosthesis)	ONCOLOGY (Chemotherapy & Radiotherapy)	KIDNEY DIALYSIS	ORGAN TRANSPLANT
PLAT COMPREHENSIVE	Unlimited 100% of Scheme/negotiated Tariff. The Scheme DSP has to be utilised exclusively. Subject to Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	<div> <div> <u>Prosthesis (internal):</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. </div> <div> <u>Prosthesis (external):</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. </div> </div>	Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.
	100% if authorised by preferred provider. Subject to approval by preferred provider.	<u>Internal & External Prosthesis:</u> Limited to R60 690 for a family. 100% of the authorised cost. Authorisation required.	<u>Active treatment period. Includes approved pathology and post active treatment for 12 months:</u> Subject to OAL 100% of the lower of cost or Scheme Rate <u>Brachytherapy:</u> Limited to R52 340 for a family. 100% of the lower of cost or Scheme Rate. Authorisation required.	Limited to R220 490 for a family. 100% of the lower of cost or Scheme Rate. Authorisation required.	<ul style="list-style-type: none"> • <u>Harvesting of organ/s, tissue and the transplantation of them (limited to RSA):</u> Limited to R220 490 for a family (Organ Transplant limit) 100% of the lower of cost or Scheme Rate. Authorisation required. • <u>Immunosuppressive medication:</u> Included in the Organ Transplant limit. 100% of the lower of cost or Scheme Rate. Authorisation required. • <u>Corneal grafts:</u> Organ harvesting not limited to RSA: Limited to R29 400 PB, included in the Organ Transplant limit. 100% of the lower of cost or Scheme Rate. Authorisation required.
PLAT CAP	Unlimited 100% of Scheme/negotiated Tariff. The Scheme DSP has to be utilised exclusively. Subject to Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	<div> <div> <u>Prosthesis (internal):</u> PMBs only. 100% of Cost/ Negotiated Tariff. Subject to referral by Scheme's DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. <u>The following surgical procedures are not covered:</u> Back and neck surgery, Joint replacement surgery, Caesarian sections done for non-medical reasons, Functional nasal and sinus surgery, Varicose vein surgery, Hernia repair surgery, Laparoscopic or keyhole surgery, Endoscopies and Bunion surgery. </div> <div> <u>Prosthesis (external):</u> No benefit </div> </div>	PMBs only. 100% of Cost/ Negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	PMBs only. 100% of Cost/ negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	PMBs only. 100% of cost/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.

BENEFITS	BLOOD TRANSFUSIONS	MEDICATION			
		 Acute	PAT/OTC	Chronic	Contraceptive benefits: Oral, injectable, patches, rings, devices and implants:
PLAT COMPREHENSIVE	Unlimited 100% of Scheme/ negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. <i>Includes the cost of blood, blood equivalents, blood products and the transport of blood.</i>	Unlimited 100% of Scheme formulary. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary. If a member elects to utilise a non-formulary drug , then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.	Limited to R310 PB, subject to a limit of R840 PMF. 100% of Scheme formulary. Subject to Platinum Health network pharmacy and R150 per event.	Unlimited for CDL conditions and additional chronic disease list. 83 Chronic Disease List (CDL) conditions included. 100% of Scheme formulary. The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug , then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.	Combined benefit with Acute Medicine: According to the therapeutic reference price list as per the formulary.
	Subject to OAL. 100% of negotiated fee. Authorisation required.	<u>Including malarial prophylactics:</u> Acute Medicine limit: M0: R5 700 M1: R9 900 M2: R13 200 M3+: R15 300 100% of the approved price. Refer to general Scheme exclusions.	Limited to R1700 for a family; maximum R420 per script. Included in the Acute Medicine limit. 100% of the approved price. Refer to general Scheme exclusions.	Subject to OAL. 26 Chronic Disease List (CDL) conditions only. <u>Chronic Disease List conditions:</u> Up to 100% of Scheme Rate for approved chronic medicine on the medicine list (formulary). Up to 80% of MMAP for approved chronic medicine not on the medicine list (formulary). <u>Additional Disease List conditions:</u> Up to 100% of MMAP for approved chronic medicine. Authorisation required. Refer to general Scheme exclusions	Subject to OAL. 100% of approved price. Only if prescribed for contraception (not approved for skin conditions).
PLAT CAP	Unlimited 100% of Scheme/ negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. <i>Includes the cost of blood, blood equivalents, blood products and the transport of blood.</i>	Unlimited 100% of Scheme Tariff. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located outside a 50km radius of DSPs may utilise non-DSPs for medication. The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Plat Cap option formulary. If a member elects to utilise a non-formulary drug , then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.	Limited to R295 PB per annum, R580 PMF. 100% of Scheme Tariff. Subject to Plat Cap option formulary and R130 per event.	Unlimited for CDL conditions. 26 Chronic Disease List (CDL) conditions only. 100% of Plat Cap Option formulary. Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL). The Scheme shall accept liability of 100% of Therapeutic Reference Price List as per the formulary. In all instances chronic medication shall be obtained from the Scheme's DSP, subject to registration on the Chronic Medication Programme. If a member elects to utilise a non-formulary drug, then the member is liable for 20% co-payment of SEP (single exit price) except if the medicine has been clinically motivated for and been approved by the Scheme – in which case the Scheme shall be liable for 100% of SEP. If a member elects to utilise an original drug for which a generic drug exists on the formulary, then a co-payment (price difference between formulary drug and original drug) shall apply. Admin fees or levies will not be covered.	Contraceptives as per medicine formulary.

BENEFITS

GP CONSULTATIONS/ PROCEDURES



SPECIALIST CONSULTATIONS



NON-SURGICAL PROCEDURES AND TESTS

PLAT COMPREHENSIVE

Out-of-hospital:

Unlimited

100% of Scheme/negotiated Tariff.

***Refer to Radius Specifications.**

Levy applicable:

- Normal working hours: **R80** levy per patient visit.
- After-hours: **R85** levy per patient visit.

Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.

In-hospital:

Unlimited

100% of Scheme/negotiated Tariff.

***Refer to Radius Specifications.**

Out-of-hospital:

When utilising DSPs:

Unlimited

100% of Scheme/negotiated Tariff.

Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

When utilising non-DSPs:

Unlimited

80% of Scheme/negotiated Tariff and 20% co-payment applies (including Psychiatric Services).

Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

In-hospital:

When utilising DSPs:

Unlimited

100% of Scheme/negotiated Tariff.

Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

When utilising non-DSPs:

Unlimited

80% of Scheme/negotiated Tariff and 20% co-payment applies (including Psychiatric Services).

Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

PLAT FREEDOM

Out-of-hospital:

Combined benefit limit with Specialist Consultations:

M0: R5 680

M1: R8 520

M2: R11 350

M3+: R14 200

100% of the lower of the cost or Scheme rate. Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.

In-hospital:

Subject to OAL.

100% of the lower of cost or Scheme Rate.

Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.

Out-of-hospital:

Combined benefit limit with GP consultations:

M0: R5 680

M1: R8 520

M2: R11 350

M3+: R14 200

100% of the lower of cost or Scheme rate.

Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.

In-hospital:

Subject to OAL.

100% of the lower of cost or Scheme Rate. *Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.*

Out-of-hospital:

Limited to R9 450 for a family.

100% of the lower of cost or Scheme Rate. Authorisation required.

In-hospital:

Subject to OAL. 80% of the lower of cost or Scheme Rate. Authorisation required.

PLAT CAP

Out-of-hospital:

Unlimited

100% of Scheme/negotiated Tariff.

***Refer to Radius Specifications.**

Levy applicable:

- Normal working hours: **R80** levy per patient visit.
- After-hours: **R85** levy per patient visit.

Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.

In-hospital:

When utilising DSPs: **Unlimited**

100% of Scheme/negotiated Tariff.

Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

When utilising non-DSPs: **Unlimited**

100% of Scheme/negotiated Tariff.

Subject to referral by Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

Out-of-hospital:

Subject to specialist limit. 3 visits or R3 510 PB, up to 5 visits or R5 090 per family.

100% of Scheme/negotiated Tariff.

Subject to referral by Scheme's DSP/non-DSP Medical Practitioner, Scheme authorisation, DSP/non-DSP utilisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

In-hospital:

When utilising DSPs:

Unlimited

100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

When utilising non-DSPs:

Unlimited

100% of Scheme/negotiated Tariff. Subject to referral by Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3).

***Refer to Radius Specifications.**

BENEFITS

PLAT COMPREHENSIVE

DENTISTRY



Conservative

Unlimited

100% of Scheme/negotiated Tariff.
No levy for consultations.
General anaesthetic and hospitalisation for conservative dental work excluded, except in the case of trauma, patients under the age of eight years and impacted third molars.

Specialised

Limited to R10 790 PMF.

85% of Scheme/negotiated Tariff. A 15% co-payment of the benefit limit shall apply in respect of the repair and replacement of dentures. Dentures shall be limited to one set per three consecutive years per PB. The Scheme will accept liability for the under mentioned treatment and a 15% co-payment of the benefit limit shall apply: Internal and External orthodontic treatment, Prosthodontics, periodontics and endodontic treatment; Crown and Bridge work; Metal Dentures; Porcelain veneers and inlays and External laboratory services.

RADIOLOGY



General

Out-of-hospital:

When utilising DSPs: **Unlimited** 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**
When utilising non-DSPs: **Unlimited** 80% of Scheme/negotiated Tariff and a 20% co-payment applies. Subject to referral by a Medical Practitioner, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

In-hospital:

When utilising DSPs: **Unlimited** 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**
When utilising non-DSPs: **Unlimited** 80% of Scheme/negotiated Tariff and a 20% co-payment applies. Subject to referral by a Medical Practitioner, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

Specialised

Out-of-hospital:

When utilising DSPs: **Unlimited** 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation for MRIs, CT and PET scans, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**
When utilising non-DSPs: **Unlimited** 80% of Scheme/negotiated Tariff and a 20% co-payment applies. Subject to referral by Medical Practitioner, Scheme authorisation for MRIs, CT and PET scans, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

In-hospital:

When utilising DSPs: **Unlimited** 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation for MRIs, CT and PET scans, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**
When utilising non-DSPs: **Unlimited** 80% of Scheme/negotiated Tariff and a 20% co-payment applies. Subject to referral by Medical Practitioner, Scheme authorisation for MRIs, CT and PET scans, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

PLAT FREEDOM

Includes plastic dentures and basic dentistry performed in-hospital for children under eight (8) and for removal of impacted wisdom teeth:
Limited to R13 900 for a family.
100% of the lower of cost or Scheme Rate. Authorisation required for all dental treatment in-hospital.

Oral surgery, metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, osseointegrated implants, orthognathic surgery and dental technician fees:
Limited to R14 390 for a family.
100% of the lower of cost or Scheme Rate. Authorisation required for advanced dentistry in-hospital

Out-of-hospital:

Limited to R10 940 for a family.
100% of the lower of cost or Scheme Rate.

In-hospital:

Subject to OAL.
100% of the lower of cost or Scheme Rate.

In-and-out-of-hospital:

Limited to R20 770 for a family.
100% of the lower of cost or Scheme Rate. Authorisation required.

PET and PET-CT scans: One (1) for a family.
100% if the lower of cost or Scheme Rate. Authorisation required.

PLAT CAP

One consultation PB per annum, with exception of extractions which are unlimited. 100% of Scheme/negotiated Tariff. **One preventative treatment PB per annum for cleaning, fillings and x-rays with exception of extractions which are unlimited.** List of approved codes, subject to Scheme DSP.

Dentures only. One set of plastic dentures PB. 80% of Scheme/negotiated Tariff. Dentures shall be limited to one set of plastic dentures per 3 consecutive years PB, applicable over age of 21 years. (20% co-payment applies).

Emergency Dentistry

One-episode PB per annum. 100% of Scheme/negotiated Tariff.
One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum.

Out-of-hospital:

Unlimited 100% of Scheme/ negotiated Tariff. Subject to referral by Scheme DSP/non-DSP Medical Practitioner, DSP/non-DSP utilisation and regulation 8(3).
***Refer to Radius Specifications.**
Approved black and white X-rays and soft tissue ultrasound.

In-hospital:

Unlimited 100% of Scheme/ negotiated Tariff. Subject to referral by Scheme DSP/non-DSP Medical Practitioner, DSP/non-DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

Out-of-hospital:

Limited to R12 690 per family. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation for MRIs, CT and PET scans, DSP/non-DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

In-hospital:

Limited to R12 690 per family. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation for MRIs, CT and PET scans, DSP/non-DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

BENEFITS



OPTOMETRY

Eye examination	Frames	Lenses	Contact lenses & disposable contact lenses	Correction of vision surgery	Refractive eye surgery/Excimer laser treatment
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PLAT COMPREHENSIVE

Combined limit over a two-year period of R2 340 PB. Limited to one set of spectacles or range of contact lenses PB, every two years from anniversary of claiming PB, up to benefit limit.			Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). <i>The benefit excludes excimer laser treatment.</i> *Refer to Radius Specifications.		No benefit
100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.	100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.	100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.	100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.		

PLAT FREEDOM

One (1) examination for a beneficiary each year. 100% of the lower of cost or SAOA Rate.	One (1) frame for a beneficiary, further limited to R1 540 for a beneficiary, every 24 months – effective 1 Jan, 2020. 100% of the lower of cost or SAOA Rate. <i>Readers:</i> Limited to and included in the frames limit, if obtained from a registered practice.	Clinically essential every 24 months – effective 1 Jan, 2020. 100% of the lower of cost or SAOA Rate. No benefit for lens add-ons.	Limited to R3 160 for a beneficiary, every 24 months - effective 1 Jan 2020, instead of spectacle lenses above. 100% of the lower of cost or SAOA Rate.	Subject to OAL. Authorisation required.	Limited to R19 130 for a family. 80% of lower of cost or Scheme Rate. Authorisation required.
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PLAT CAP

Combined limit over a two-year period of R1 210 PB. Limited to one set of spectacles PB, every two years from anniversary of claiming PB, up to benefit limit.				100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation and clinical protocol approval and regulation 8(3). <i>The benefit excludes excimer laser treatment.</i> *Refer to Radius Specifications.	
One optometric consultation PB limited to Scheme DSP utilisation. 100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.	One set of frames PB. Range of Scheme approved frames every 24 months. 100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.	Single vision lens subject to Scheme DSP utilisation 100% of Scheme/negotiated Tariff. *Refer to Radius Specifications.	No benefit		No benefit

PATHOLOGY



Out-of-hospital: <u>When utilising DSP (Lancet Laboratory):</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	In-hospital: <u>When utilising DSP (Lancet Laboratory):</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.
<u>When utilising non-DSP:</u> Unlimited 70% of Scheme/negotiated Tariff and a 30% co-payment applies. Subject to referral by a Medical Practitioner, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.	<u>When utilising non-DSP:</u> Unlimited 70% of Scheme/negotiated Tariff and a 30% co-payment applies. Subject to referral by a Medical Practitioner, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.

Out-of-hospital: Limited to R9 980 for a family. 100% of the lower of cost or Scheme Rate.	In-hospital: Subject to OAL. 100% of the lower of cost or Scheme Rate.
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Out-of-hospital: <u>When utilising DSP (Lancet Laboratory):</u> Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, DSP utilisation, clinical protocol approval and regulation 8(3). According to a list of approved tests. *Refer to Radius Specifications.	In-hospital: <u>When utilising DSP (Lancet Laboratory):</u> Limited to R29 410 per family per annum. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications.
<u>When utilising non-DSP:</u> No benefit	<u>When utilising non-DSP:</u> No benefit

BENEFITS

PLAT COMPREHENSIVE

PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS

Out-of-hospital:

Physiotherapy and Biokinetics:

When utilising DSPs: **Combined limit of R4 000 PMF for physiotherapy and biokinetics:** 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner and regulation 8(3).
***Refer to Radius Specifications.**

When utilising non-DSPs:

Combined limit of R4 000 PMF for physiotherapy and biokinetics: 80% of Scheme/negotiated Tariff and 20% co-payment applies. Subject to referral by a Medical Practitioner and regulation 8(3).
***Refer to Radius Specifications.**

Chiropractics: **No benefit**

In-hospital:

Physiotherapy and Biokinetics:

When utilising DSPs: **Unlimited** 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner and regulation 8(3). ***Refer to Radius Specifications.** No cover for physiotherapy in mental health facilities.

When utilising non-DSPs:

Unlimited 80% of Scheme/negotiated Tariff and 20% co-payment applies. Subject to referral by a Medical Practitioner and regulation 8(3). ***Refer to Radius Specifications.** No cover for Physiotherapy in mental health facilities.

Chiropractics: **No benefit**

MEDICAL AND SURGICAL APPLIANCES



Wheelchairs

Limited to R6 180 PB, every three years. 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

Oxygen & Cylinders

Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

Nebulisers & Glucometers

Limited to R560 PB, one every three years. 100% of Scheme/negotiated Tariff. Subject to referral by Medical Practitioner and regulation 8(3).
***Refer to Radius Specifications.**

General Appliances

Limited to R3 500 PMF. 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

General medical and surgical appliances and appliance repairs: Limited to R19 130 for a family (Appliances limit) 100% of the lower of cost or negotiated Scheme Rate

Included in Appliances Limit.

Oxygen & Home Ventilators
Limited to R1 140 PB, included in the Appliances limit
Nebulisers:
Limited to R1 310 PB, included in the Appliances limit

Glucometers:
Limited to R1 140 PB, included in the Appliances limit
Nebulisers:
Limited to R1 310 PB, included in the Appliances limit

- CPAP (Continuous Positive Airway Pressure): Included in Appliances Limit
- Peak flow meters: **Limited to R490 PB,** included in the Appliances limit
- Foot orthotics: **Limited to R4 850 PB,** included in the Appliances limit
- Keratoconus contact lenses: Included in the Appliances limit. Authorisation required.
- Incontinence products: **Subject to OAL.** Authorisation required.

Combined limit of R5 940 PMF with general appliances, stoma products, CPAP & hearing aids. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

No benefit

Combined limit of R5 940 PMF with stoma products, CPAP, hearing aids & wheelchairs. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

PLAT CAP

Out-of-hospital:

Physiotherapy and Biokinetics:

Combined limit of R4 000 PMF for occupational therapy, biokinetics and physiotherapy. 100% of Cost/negotiated Tariff.

Subject to referral by Scheme DSP Medical Practitioner, DSP/non-DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.**

Chiropractics: **No benefit**

In-hospital:

Physiotherapy:

Limited to R4 730 PB

100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3).
***Refer to Radius Specifications.** No cover for Physiotherapy in mental health facilities.

Chiropractics: **No benefit**

BENEFITS

PLAT COMPREHENSIVE

PLAT FREEDOM

PLAT CAP



AUXILIARY SERVICES

Audiology (excluding hearing aids), Speech Therapy, Occupational Therapy

Out-of-hospital:

Combined limit of R6 760 PMF. 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

In-hospital:

Combined limit of R6 760 PMF. 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

Orthoptics, Chiropody and Podiatry services, Homeopathy and naturopathy consultations, Chiropractic consultations including X-rays: **No benefit**

Hearing Aids

Limited to R11 290 PB every three years 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

Additional Medical Services

Out-of-hospital:

Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers: **Limited to R4 950 for a family.** 100% of the lower of cost or Scheme Rate

In-hospital:

Dietetics, occupational therapy, speech therapy and social workers: **Limited to R13 860 for a family.** 100% of the lower of cost or Scheme Rate.

Combined out-of-hospital limit with Audiology, dietetics, genetic counselling, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers: **Limited to R4 950 for a family.** 100% of the lower of cost or Scheme Rate

Occupational Therapy

Out-of-hospital:

Combined limit of R4 000 PMF with Physiotherapy and Biokinetics. 100% of cost/negotiated Tariff. Subject to referral by a Medical Practitioner, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

In-hospital:

PMBs only. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

Orthoptics, Chiropody and Podiatry services, Homeopathy and naturopathy consultations, Chiropractic consultations including X-rays: **No benefit**

Hearing Aids

Combined limit of R5 940 PMF with wheelchairs, general medical appliances, stoma products and CPAP. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, DSP utilisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

CLINICAL PSYCHOLOGY (excluding scholastic and forensic related treatment)

Limited to R6 760 PMF.

100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner and regulation 8(3). ***Refer to Radius Specifications.**

Out-of-hospital:

Consultations, visits, assessments, therapy, treatment and counselling: **Limited to R7 840 for a family,** included in the Mental Health limit. 100% of the lower of cost or Scheme Rate.

In-hospital:

Psychiatric and psychological treatment (including hospitalisation costs and procedures): **Limited to R39 900 for a family** (Mental Health limit). 100% of the lower of cost or Scheme Rate. Authorisation required.

Rehabilitation for substance abuse:

21 days for a person each year, included in the Mental Health limit. 100% of the lower of cost or Scheme Rate. Authorisation required

Out-of-hospital:

PMBs only. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

In-hospital:

PMBs only. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

MENTAL HEALTH



Out-of-hospital:

Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.**

In-hospital:

21 days PB. 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). ***Refer to Radius Specifications.** No cover for physiotherapy in mental health facilities.

BENEFITS	IMMUNE DEFICIENCY RELATED TO HIV INFECTION	 MATERNITY	INFERTILITY	PREVENTATIVE CARE	ALTERNATIVE HEALTHCARE
PLAT COMPREHENSIVE	Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. Subject to registration on the HIV/AIDS Programme.	Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). Subject to registration on the Maternity Programme.	PMBs only.	<u>Childhood Immunisation:</u> No benefit	<u>Homeopathic consultations and medication only:</u> No benefit
PLAT FREEDOM	100% of cost. Authorisation required.	<ul style="list-style-type: none"> <u>Hospital:</u> Accommodation, theatre fees, labour ward fees, dressings, medicines and materials. Note: For confinement in a registered birthing unit or out-of-hospital, four (4) post-natal midwife consultations for a family each year. Subject to OAL. 100% of the lower of cost or Scheme Rate. Authorisation required. <u>Related maternity services:</u> 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures: 3D scan paid up to cost of 2D scan. Limited to R8 960 per family. 100% of the lower of cost or Scheme Rate. <u>Amniocentesis:</u> Limited to one test for a family each year. 80% of the lower of cost or Scheme Rate. Limited to R9 020 for a family. Subject to registration on the Maternity Programme.	Limited to interventions and investigations as prescribed by the regulations to the Medical Scheme Act. 100% of the lower of cost or negotiated fee for public hospitals. Authorisation required.	<u>Childhood Immunisation:</u> According to the Department of Health protocols (excludes consultation cost). 100% of lower of cost or Scheme Rate.	<u>Homeopathic consultations and medication only:</u> Limited to R7 840 for a family. 80% of the lower of cost or Scheme Rate.
PLAT CAP	Unlimited 100% of Scheme/negotiated Tariff. Subject to referral by a Medical Practitioner, Scheme authorisation, clinical protocol approval and regulation 8(3). *Refer to Radius Specifications. Subject to registration on the HIV/AIDS Programme	<ul style="list-style-type: none"> <u>Maternity Care (ante and post-natal):</u> Antenatal consultations are subject to the GP & Specialist consultations benefit limit. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, DSP utilisation, clinical protocol approval and regulation 8(3). Subject to registration on the Maternity Programme. <u>Neonatal Care:</u> Limited to R49 610 per family, except PMBs. 100% of Scheme/negotiated Tariff. Subject to referral by Scheme DSP Medical Practitioner, DSP utilisation, clinical protocol approval and regulation 8(3). 	PMBs only.	<u>Childhood Immunisation:</u> No benefit	<u>Homeopathic consultations and medication only:</u> No benefit

2020 EXCLUSIONS

PRESCRIBED MINIMUM BENEFITS

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Act.

GENERAL SCHEME EXCLUSIONS

Unless otherwise approved by the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme), expenses incurred in connection with any of the following will not be paid by the scheme:

The following are excluded by the Scheme unless authorised by the Board of Trustees:

- All costs that exceed the annual or biennial maximum allowed for the particular benefit set out in the Scheme Rules.
- Claims that are submitted more than four months after the date of treatment.
- Interest charges on overdue accounts, legal fees incurred as a result of delay on non-payment accounts and/or any administration fee charged by provider.
- Charges for appointments which a member or dependant fails to keep.

- Accommodation in a private room of a hospital unless clinically indicated and prescribed by a medical practitioner and authorised by the scheme.
- Accommodation in convalescent or old-age homes or similar institutions.
- Accommodation and/or treatment in headache and stress-relief clinics, spas and resorts for health, slimming, recuperative or similar purposes.
- Treatment of obesity – slimming preparations and appetite suppressants, any surgical procedure to assist in weight loss.
- All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or condition.
- Services rendered by any person who is not registered to provide health services as defined in the Medical Schemes Act and medicines that have been prescribed by someone who is not a registered health services provider.
- The purchases of bandages, syringes (other than for diabetics) and instruments, patent foods, tonics, vitamins, sun-screen agents, growth hormone, and immunisation (not part of PMB).
- Gum guards for sport purposes, gold in dentures and the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges and bleaching of teeth.
- Examinations for insurance, school camps, visas, employment, legal purposes, annual medical surveillance or similar services, including routine examinations.
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.

- The cost of holiday for recuperative purposes, whether considered medically necessary or not, and travelling cost (this travelling is the patients travelling cost, not the provider).
- Prophylactic treatment – “stop” Smoke, Disulfiram treatment (Antabuse).
- In vitro, IVF treatment for infertility (not part of PMB).
- Experimental unproven or unregistered treatments or practices.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- Costs for evidence in a lawsuit.
- Sclerotherapy
- All costs for healthcare services if, in the opinion of the medical or dental adviser, such healthcare services are not appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition at an affordable level of service and cost.
- All costs for medicine for the treatment of chronic conditions not on the list of conditions covered, with the exception of medicine for the treatment of an excluded chronic condition which the Scheme has specifically determined needs to be treated to achieve overall cost-effective treatment of the beneficiary.
- Alternative healthcare: (excluding PlatFreedom)
 - Homeopathic consultation and medication that have valid NAPPI codes
 - Podiatry (not part of PMB)
- Vaccinations (excluding PlatFreedom)
- Refractive eye surgery, excimer laser treatment. (excluding PlatFreedom)

CONTACT DETAILS

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EURO-ASSISTANCE

086 174 6548

ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CDL	Chronic diseases list
CDRPL	Chronic diseases reference price list
CMRPL	Chronic medication reference price list
CPAP	Continuous positive airway pressure
CT scan	Computed tomography scan
DSP	Designated service provider
DTP	Diagnosis and treatment pairs
GP	General practitioner
HIV	Human Immunodeficiency virus
MRI scan	Magnetic resonance imaging scan
OAL	Overall annual limit
OTC	Over-the-counter

PAT	Pharmacist advised therapy
PB	Per beneficiary
PET scan	Positron emission tomography scan
PMB	Prescribed minimum benefits
PMF	Per member family
RSA	Republic of South Africa
SAOA	South African Optometry Association
Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
Scheme Formulary	List of medicine inclusive of all classes on a reference price
SEP	Single exit price
TTO	Medication to take out