



PLAT
COMPREHENSIVE
OPTION

2021



PLATINUM
HEALTH



PLATINUM HEALTH

Our vision:

To provide appropriate healthcare of high quality, cost efficiently, to the satisfaction of stakeholders.

Our mission:

To practice and administer appropriate medicine of such a high standard, which optimises health care and quality of life amongst all stakeholders. To effectively manage our environment and future by becoming and remaining financially self-supporting within acceptable cost constraints set for us. To attract and retain membership through service excellence by delivering quality, appropriate, equitable healthcare. To ensure that stakeholders are consistently provided with relevant information.

Platinum Health Abbreviations

AIDS	Acquired immunodeficiency syndrome	PET scan	Positron emission tomography scan
CDL	Chronic diseases list	PMB	Prescribed minimum benefits
CT scan	Computed tomography scan	PMF	Per member family
DSP	Designated service provider	Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
GP	General practitioner	Scheme Formulary	List of medicine inclusive of all classes on a reference price
HIV	Human Immunodeficiency virus	SEP	Single exit price
MRI scan	Magnetic resonance imaging scan	TRP list	Therapeutic reference price list
OTC	Over-the-counter	Medication TTO	Medication to-take-out
PAT	Pharmacist advised therapy		
PB	Per beneficiary		

PLATCOMPREHENSIVE OPTION

Benefits for 2021

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.

Service	% Benefits	Annual Limits	Conditions/Remarks
STATUTORY PRESCRIBED MINIMUM BENEFITS			
	100% of costs	Unlimited	<ul style="list-style-type: none"> Services rendered by a public hospital or the Scheme's DSP at cost. No levy or co-payment shall apply.
	80% of costs		<ul style="list-style-type: none"> Subject to regulation 8(3) any service rendered by a non-DSP on a voluntary basis will be subject to 20% co-payment.
GENERAL PRACTITIONER SERVICES			
Consultations and visits (in-and-out of hospital)	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> 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). Consultations during normal working hours: R80 levy per patient visit will apply Consultations after normal working hours: R85 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.



Service	% Benefits	Annual Limits	Conditions/Remarks
SPECIALIST SERVICES			
Consultations and visits (in-and-out of hospital)	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Pre-authorisation needs to be obtained prior to consulting any specialist. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius 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). Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval and regulation 8(3).
	80% of Scheme Tariff		<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise a non-DSPs shall be deemed to have voluntarily obtained services and 20% co-payment shall apply (including Psychiatric Services). Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to regulation 8(3).

HOSPITALISATION

Accommodation in a general ward, high-care ward and intensive care unit	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Where possible, own facilities shall be utilised. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's DSP practitioner or specialist has referred the member and that the hospitalisation is authorised. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius 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). 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.
Theatre fees and materials			
Ward, Theatre drugs and hospital equipment			
Medication to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	<ul style="list-style-type: none"> Subject to Scheme formulary and regulation 8(3).

Non-Designated Service Provider Hospital (80% agreed and negotiated rates with limits)

Accommodation in a general ward, high-care ward and intensive care unit	80% of Scheme Tariff	R138 925	<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. Subject to regulation 8(3).
Theatre fees and materials			
Ward, Theatre drugs and hospital equipment			
Medication to-take-out (TTO)	100% of Scheme Tariff	7-day supply PB, per admission	<ul style="list-style-type: none"> Subject to Scheme formulary and regulation 8(3).

In all instances authorisation shall be obtained prior to admission and in the event of an emergency, the Scheme shall be notified of such an emergency within one working day after admission.

Service	% Benefits	Annual Limits	Conditions/Remarks
MEDICATION			
Acute	100% of Scheme formulary	Unlimited	<ul style="list-style-type: none"> 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 (TRP) list as per the Scheme 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.
PAT/OTC	100% of Scheme formulary	R323 PB, subject to a limit of R873 PMF	<ul style="list-style-type: none"> Subject to Platinum Health network pharmacy and R156 per event.
Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list	<ul style="list-style-type: none"> 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.
DENTAL SERVICES			
Conservative Dentistry	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> 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 Dentistry	85% of Scheme Tariff	R11 211 PMF	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Internal and External orthodontic treatment Prosthodontics, periodontics and endodontic treatment Crown and Bridge work Metal Dentures Porcelain veneers and inlays External laboratory services

Service	% Benefits	Annual Limits	Conditions/Remarks
RADIOLOGY			
In-and-out of hospital	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols and regulation 8(3).
	80% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as have voluntary obtained services and a co-payment shall apply. Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.
PATHOLOGY			
In-and-out of hospital	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times. If the Scheme authorises hospitalisation at a DSP, the laboratory costs will be covered 100% of Scheme Tariff.
	70% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise a non-DSPs shall be deemed as have voluntary obtained services and a 30% co-payment shall apply. Members to be referred by a general practitioner or specialist.



Service	% Benefits	Annual Limits	Conditions/Remarks
PHYSIOTHERAPY AND BOKINETICS			
In-hospital	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
	80% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Members located between 50 - 200km radius who elect to utilise a non-DSPs shall be deemed as have voluntary obtained services and a 20% co-payment shall apply. Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.
Out-of-hospital	100% of Scheme Tariff	R4 156 PMF	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 – 200 km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Members to be referred by a general practitioner or specialist. No cover for physiotherapy in mental health facilities.

CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS

	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
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EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)

	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).
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BLOOD TRANSFUSIONS

	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Includes the cost of blood, blood equivalents, blood products and the transport of blood.
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MEDICAL AND SURGICAL APPLIANCES

Wheelchairs	100% of Scheme Tariff	R6 422 PB	<ul style="list-style-type: none"> Subject to approval by the Scheme, and regulation 8(3). One every three years.
Oxygen and Cylinders		Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).
Nebulisers and Glucometers		R582 PB	<ul style="list-style-type: none"> On prescription of medical practitioner and, subject to regulation 8(3). One every three years.
General		R3 637 PMF	<ul style="list-style-type: none"> Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).

Service	% Benefits	Annual Limits	Conditions/Remarks
PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS			
	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> On recommendation of medical practitioner. Subject to authorisation from the Scheme according to clinical protocols. Subject to regulation 8(3).
OPTOMETRY SERVICES			
Eye Examination	100% of Scheme Tariff	Combined 2-year benefit limit of R2 432 PB	<ul style="list-style-type: none"> Limited to one set of spectacles or range of contact lenses per beneficiary, every 2 years from anniversary of claiming PB, up to benefit limit.
Frames, lenses, contact lenses and disposable contact lenses			
Correction of vision surgery	100% of Scheme Tariff	Unlimited	<ul style="list-style-type: none"> Subject to referral, authorisation and clinical protocol approval by the Scheme. The benefit excludes excimer laser treatment.
AUXILIARY SERVICES			
Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme Tariff	Combined limit R7 024 PMF	<ul style="list-style-type: none"> Subject to referral, authorisation and clinical protocol approval by the Scheme. Subject to regulation 8(3).
Hearing Aids	100% of Scheme Tariff	R11 731 PB	<ul style="list-style-type: none"> Subject to referral, authorisation and clinical protocol approval by the Scheme. Subject to regulation 8(3). Benefit only every three years.
CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)			
Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme Tariff	R7 024 PMF	<ul style="list-style-type: none"> To be referred by a medical practitioner. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3). Members located between 50 - 200 km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius 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).

Contributions for 2021 EFFECTIVE ON 1ST MARCH 2021



Beneficiary	R0 – R17 000	R17 001 – R25 900	R25 901+
Principal	R1 449	R2 091	R2 452
Adult	R1 449	R2 091	R2 452
Child	R490	R744	R852

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.

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)

CHRONIC MEDICINE

- 27 Chronic Disease List (CDL) conditions and 53 additional CDL conditions.
- 100% of scheme formulary.
- Unlimited for CDL conditions and additional chronic disease list.
- In all instances, chronic medication must be obtained from the scheme's DSPs.
- Platinum Health will accept liability for 100% of the therapeutic reference price list as per the 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.
- Subject to member registration on the Chronic Medication Programme.

The following CDL conditions are covered, subject to authorisation:

1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic renal disease
8. Chronic obstructive pulmonary disease (COPD)
9. Coronary artery disease
10. Crohn's disease
11. Diabetes insipidus

12. Diabetes mellitus type 1
13. Diabetes mellitus type 2
14. Dysrhythmias
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. HIV/AIDS
19. Hyperlipidaemia
20. Hypertension
21. Hypothyroidism
22. Multiple sclerosis
23. Parkinson's disease
24. Rheumatoid arthritis
25. Schizophrenia
26. Systemic lupus erythematosus
27. Ulcerative colitis

Additional Chronic Disease List (CDL) Conditions (non-PMBs)

In addition to the 27 CDL conditions, PH covers the following additional 53 chronic diseases, including applicable chronic Diagnosis and Treatment Pairs (DTPs) as indicated in regulation 29(1)(0) of the Medical Schemes Act.

1. Acne
2. Attention deficit and hyperactivity disorder (ADHD)
3. Allergy management
4. Alzheimer's disease
5. Anaemias
6. Ankylosing spondylitis
7. Generalised anxiety disorder (GAD)
8. Benign prostatic hypertrophy
9. Cardiac dysrhythmias
10. Cerebral palsy
11. Chronic bronchitis
12. Chronic liver disease
13. Clotting disorders
14. Cystic fibrosis

15. Deep vein thrombosis
16. Dermatitis – other
17. Endocarditis
18. Gastro-oesophageal reflux disease (GORD)
19. Gout
20. LBS/diverticular disease
21. Major depression
22. Meniere's disease
23. Menopause
24. Migraine
25. Motor neuron disease
26. Muscular dystrophy and other inherited myopathies
27. Narcolepsy
28. Neuropathies (mono and poly)
29. Obsessive compulsive disorder
30. Osteoarthritis
31. Osteoporosis
32. Paget's disease
33. Pancreatic disease
34. Plegia – hemi, para, quad
35. Parathyroid disorders
36. Peptic ulcer
37. Pituitary gland disorders
38. Peripheral vascular disease
39. Polycystic ovarian syndrome
40. Post-traumatic stress disorder
41. Prolactinoma
42. Psoriasis
43. Restless leg syndrome
44. Schizoaffective disorders
45. Scleroderma
46. Stroke
47. Thyrotoxicosis (hyperthyroidism)
48. Tourette's syndrome
49. Trigeminal neuralgia
50. Tuberculosis
51. Urinary incontinence
52. Valvular heart disease
53. Vascular dementia

CONTACT DETAILS



**Medical emergency services
(ambulance): 0861 746 548 Europ Assistance
After-hours Case Management: 082 800 8727**

CASE MANAGEMENT

Tel: 014 590 1700 or 080 000 6942 (toll free)
A/H emergency: 082 800 8727
Fax: 086 233 2406 or 086 247 9497
Email: plathealth@platinumhealth.co.za (**specialist authorisation**)
hospitalconfirmations@platinumhealth.co.za (**hospital pre-authorisation and authorisation**)
ZZGPlatinumHealthCaseManagement@platinumhealth.co.za (**alternative email address for both specialist and hospital authorisation**)
Office hours: Monday to Thursday 09:00 – 17:00
Friday 09:00 – 16:00

CLIENT LIAISON (CUSTOMER SERVICES)

CLIENT LIAISON CALL CENTRE/ WALK-IN CENTRE

Situated at 175 Beyers Naudé Avenue, Rustenburg

Tel: 014 590 1700 or 080 000 6942 (toll free)
Fax: 086 591 4598
Email: phclientliaison@platinumhealth.co.za
Office hours: Monday to Friday 08:00 – 16:00

CHRONIC MEDICATION

Tel: 014 590 1700
Fax: 014 590 1752 / 086 577 0274
Email: ZZGPlatinumHealthChronicMedication@platinumhealth.co.za (**orders, applications and general enquiries**)
Office hours: Monday to Friday 08:30 – 16:00

Employee Assistance Programme (EAP) Counsellor Line 010 133 0525

At the start of the COVID-19 pandemic, Platinum Health established an Employee Assistance Programme (EAP) Counsellor Line to offer support, guidance and encouragement to all its members.

The dedicated EAP Counselor number is manned 24 hours per day, 7 days per week and all telephone calls are private and confidential.





PLATINUM HEALTH

Complaints and disputes

Members must first try and resolve their complaint with the Scheme and only contact The Council for Medical Schemes if they are still in disagreement with their medical scheme.

The Council for Medical Schemes

Block A Eco Glades 2 Office Park
420 Witch-Hazel Street, Ecopark
Centurion, 0157

Telephone: 012 431 0500

Fax: 012 431 0500

Customer Care call-share number: 0861 123 267

Email: complaints@medicalschemes.com

Website: www.medicalschemes.com

DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.