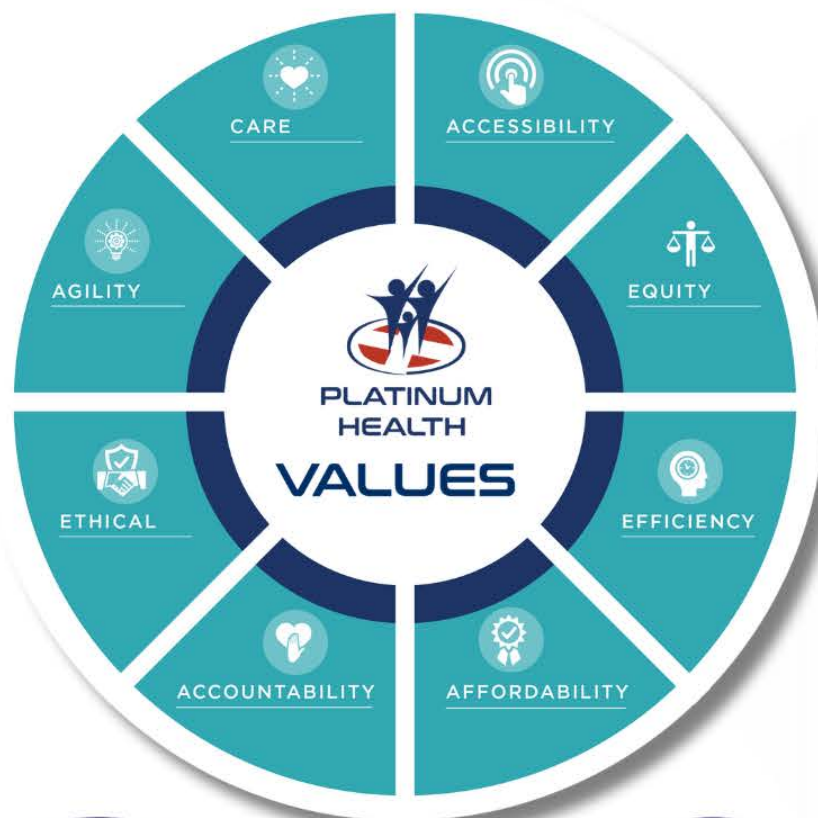




Info Guide 2026



VISION

To provide appropriate healthcare of high quality, cost-efficiently, which will obtain the approval of all stakeholders.



MISSION

- To satisfy member and patient expectations on access, care, and outcomes.
- To fulfil participating employer, member, employee and statutory requirements on affordability and profitability.
- To distinguish PHMS as an industry and sector centre of excellence.
- To leave no room for abuse, misuse, or fraud.

Platinum Health Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CDL	Chronic Disease List
CDRP list	Chronic Disease Reference Price List
CMRP list	Chronic Medication Reference Price List
Copper IUD	Copper Intrauterine Device
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
HPV	Human Papillomavirus Infection
LNG-IUD	Levonorgestrel Intrauterine Device
MMAP	Maximum Medical Aid Price
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
PHRPL	Platinum Health Reference Price Listing
PlatCap Formulary	List of medicine inclusive of all classes on a reference price
PMB	Prescribed minimum benefits
PMF	Per Member Family
PSA	Prostate-specific antigen
RSA	Republic of South Africa
RSV	Respiratory Syncytial Virus Vaccine
SAOA	South African Optometry Association
Scheme Rate	The rate or amount which the Scheme pays for health services or procedures.
Scheme Formulary	List of medicine inclusive of all classes on a reference price.
SEP	Single Exit Price
TRP List	Therapeutic Reference Price List
Medication TTO	Medication To-Take-Out

Content

1

Welcome message

7

2

Membership

2.1 Who can be a member of Platinum Health?	8
2.2 Membership cards	8
2.3 Underwriting conditions	8
2.4 Changing a plan option	9
2.5 Leaving Platinum Health	9
2.6 Dependants	9
2.7 Retirement and continuation for pensioners	13
2.8 Medically boarded	14
2.9 Resignation	14
2.10 Termination of membership	14
2.11 Membership Frequently asked questions (FAQs)	15
2.12 Make sure we have your updated contact details!	15

3

2026 Benefits & contributions and exclusions

3.1 PlatComprehensive benefits	16
PlatComprehensive contributions	29
3.2 PlatCap benefits	30
PlatCap contributions	41
3.3 PlatFreedom benefits	42
PlatFreedom contributions	52
3.4 PHMS General Scheme Exclusions	53

Content

4

Key benefits at a glance

4.1 Medicine	55
4.2 Preventative healthcare	59
4.3 Mental health	61
4.4 Managed-care programmes	62
• Maternity programme	62
• Road accident fund programme	69
• Oxygen management programme	69
• Disease management programmes	70
• HIV management programme	70
• Cancer and oncology programme	71
• Kidney disease management programme	72
4.5 Medical Emergencies	73

5

Medical service providers

5.1 General Practitioners	74
5.2 Specialists	75
5.3 Hospitals	76
5.4 Pathology	77
5.5 Dentistry	77
5.6 Optometry	78
5.7 Radiology	78
5.8 Physiotherapy	79
5.9 Medical and surgical appliances	79
5.10 Medicine	80

6

Claims & Refunds

83



Blowing the whistle on fraud, waste and abuse	87
--	----



Important contact details	88
----------------------------------	----



PH medical facilities contact details & operating hours	
9.1 Rustenburg Region	91
9.2 Limpopo Region (Bushveld)	93
9.3 Limpopo Region (Eastern Limb)	95
9.4 Mpumalanga Region (Eastern Limb)	97

1. Welcome Note

Dear Platinum Health Member

Thank you for choosing and trusting Platinum Health (PH) to take care of your healthcare needs in 2026. We are passionate about providing access to quality healthcare services for you and your family.

We pride ourselves on offering the best benefits in the medical scheme industry, while keeping contributions low. We can do this because we operate a Staff Model Health Maintenance Organisation (HMO). This means that where accessible, we appoint our own health service providers such as specialists, general practitioners (GPs), dentists, optometrists, physiotherapists, radiographers, psychologists and audiologists. We also appoint designated service providers (DSPs) in your area, just to make sure you get access to healthcare wherever you are. If you're on the PlatComprehensive or PlatCap options, you have to use our medical facilities and DSPs if you live within 50km of them. If you're on the PlatFreedom option, you may use any healthcare provider of your choice.

We also manage our own pharmacies, which are conveniently located at our medical facilities. If you have a chronic medical condition, you should register on the Chronic Medication Programme to enjoy the full benefits. If you order your medication through our Chronic Medication Department, you can either collect it from any of our pharmacies, or it can be couriered to you.

We are a self-administered medical scheme, which means we manage care through our own Case Management Department. This enables us to optimise cost efficiency, which ultimately benefits you! It's important to know when you should get authorisation from us. You have to get authorisation from us for specialist referrals (excluding PlatFreedom), hospitalisation, managed-care programmes, specialised dentistry and specialised radiological investigations such as MRI, CT and PET scans. If you don't get authorisation from us, you will be held liable for the costs.

This Info Guide offers you an overview of the services we provide, the benefits you enjoy as well as the rules and procedures which apply in each instance. I encourage you to familiarise yourself with the content as it will give you insight how we operate. It also contains the contact details of all the relevant departments you may want to contact.

Please note that this is a summary of the Scheme's benefits and rules, not a replacement for the registered rules. If there is a conflict between this guide and the rules, the Scheme Rules registered with the Council for Medical Schemes (CMS) will come first. The Scheme Rules are available at www.platinumhealth.co.za, or you can request a copy by sending an e-mail to phclientliaison@platinumhealth.co.za or calling 014 590 1700.

If you have any questions, do not hesitate to contact any of our Client Liaison Officers who will gladly assist you with any enquiries you may have.



Welcome Mboniso
Principal Officer

2. Membership



2.1 Who can be a member of Platinum Health?

Platinum Health (PH) is registered as a restricted medical scheme. In terms of our Rules, only employer groups operating in the platinum group metals (PGM) and chrome mining industries may join PH.



2.2 Membership cards

You can access your virtual membership card on WhatsApp **080 000 6942**. Only you and your dependants may use your virtual membership card. Allowing anyone else to use your card is fraud and may lead to suspension and/or termination of your membership.

What information features on my membership card?

Your membership card contains your unique membership number and the benefit option you are on. It also shows your membership status, your dependant/s code/s, the date that you registered, the date your card was issued, and the date that you can start claiming benefits (if a waiting period applies). Important numbers such as the AZOZA emergency number, Case Management and Client Liaison Call Centre numbers also feature on your card.



2.3 Underwriting conditions

What is a late joiner penalty?

A late joiner penalty is a higher monthly rate you pay for membership because you only joined a medical scheme at a later stage in life. It is a lifelong penalty added as a percentage of the base premium of the option plan. The penalty is calculated according to the number of years without medical cover (from the age of 35 years) at the time a person joins the Scheme.

What are the types of waiting periods?

Waiting periods are periods during which beneficiaries are members, but they do not qualify for benefits. In terms of Section 29A of the Medical Schemes Act there are two types of waiting periods i.e., General waiting period of up to three months and condition-specific waiting period of up to 12 months.

PH may apply two types of waiting periods:

- A general waiting period of up to three months from the date that you joined. During this time, you will not be entitled to any benefits.
- A condition-specific waiting period of up to 12 months from the date that you joined. During this time, you will not be entitled to benefits (medical advice, diagnosis, care and treatment) for a particular pre-existing medical condition you had when you joined the Scheme.

What are the waiting periods for specific conditions?

If members apply to add a dependant after their initial join date, and the dependant for the application was not a member or dependant of a medical scheme for a period of at least 90 days preceding the date of application, the following will apply:

- A general waiting period of three months and a condition specific waiting period of 12 months. If a member or dependant did not previously belong to a medical scheme for a continuous period of up to 24 months, terminating less than 90 days immediately prior to the date of application, the following will apply:
 - A condition specific waiting period of 12 months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits (PMBs).

When do these waiting periods not apply?

- If a new-born (biological child) is registered within 30 days from date of birth, and the join date is the date of birth.
- If you have to transfer membership because of a change of employment.
- If dependants join on the same date as the principal member.
- If the dependant is registered within 30 days of getting married and the join date is the date of marriage.

Returning to Platinum Health

The following provisions of the Medical Scheme Act will apply if a person wants to return to Platinum Health:

- Where a member had a three-month break in medical scheme membership prior to applying for PH membership, a 12-month condition-specific waiting period with regards to preexisting medical conditions and a three -months general waiting period may apply.



2.4 Changing a plan option

You may switch to a different option plan within the Scheme during November every year. The effective date will be 1 January of the following year. If you have waiting periods, note that it will not lapse if you choose to change to a different option within PH. The pro-rata waiting period will be carried over to the new option.



2.5 Leaving Platinum Health

You may choose to switch to another medical scheme during November every year. In terms of the PH Rules, you have to give us one month's written notice. Carefully consider the benefits, costs and consequences for you and your dependants before exercising your choice!



2.6 Dependants

Adding or removing dependants

As a principal member, you can add or remove dependants to/from your membership. It is important to add dependant(s) at the same time and on the same date as when you join PH, otherwise waiting periods may apply.

Who can be added as dependants?

The Medical Schemes Act is very specific as to who may be permitted to become a dependant. The following people qualify to be added as dependants:

Spouse

- Add your spouse within 30 days from the date of getting married. If you don't, waiting periods may apply.
- A spouse who is younger than 21 years, will pay adult contributions.

We will need these documents from you:

Civil Marriage	Customary Marriage
• Membership Application form • Remember to insert your date of marriage in the section where we ask what the join date should be. • Identity document (ID) or passport. • Marriage certificate (required within 30 days of marriage). • Proof of previous medical scheme. • The Scheme may require additional documentation to finalise the application.	• Membership Application form • Remember to insert your date of marriage in the section where we ask what the join date should be. • ID or passport. • Proof of previous medical scheme of your spouse. • Lobola agreement letter or • Letter from the Chief confirming the customary marriage. • Affidavit from you as the principal member, confirming the customary marriage. • Proof of previous medical scheme. • Any additional information we may require from you.

Common-law partner, Same-sex partner and Fiancée

A Common-law partner, Same sex partner or Fiancée who is younger than 21 years, pays adult contributions.

We will need these documents from you:

- Membership Application form.
- **An Affidavit:**
 - Stating the period of living together and confirmation of the relationship.
 - Proof of mutual dependency, for example home loan or water and electricity account.
- Proof of previous medical scheme.
- ID or passport.
- Any additional information we may require from you.

Biological father, mother, brother or sister

Provided that they don't earn more than the maximum social pension per month, and that they are financially dependent on you for family care and support.

We will need these documents from you:

- Membership Application form.
- A death certificate if the dependant is a widow/er or the parents have passed on.
- Confirmation of all bank accounts.
- Copy of 3 months bank statements of all bank accounts of the dependant.
- ITA34 (can be obtained from SARS).
- Proof of previous medical scheme.
- ID or passport.
- Any additional information we may require from you.
- Proof of financial dependency.
- **An Affidavit which states:**
 - The relation of the dependant to you as the principal member.
 - That the dependant is financially dependent on you as the principal member and proof thereof per dependant.
 - That the dependant is unemployed and confirm current income.

Biological child or stepchild

- Provided that they don't earn more than the maximum social pension per month, and that they are financially dependent on you for family care and support.
- A biological child or stepchild who reaches the age of 21 will pay adult contributions.
- If they are studying or unemployed, submit their proof of study annually and an Affidavit confirming their income and their financial dependency on you.

We will need these documents from you:

- Membership Application form.
- Proof of previous medical scheme.
- Unabridged birth certificate.
- ID or passport.
- If they reach the age of 21 years and are studying or unemployed:
 - Affidavit that confirms the dependant is studying full time/part time or unemployed and financially dependent on you and not in receipt of payment of more than the maximum social pension per month.
 - Proof of the registration at a recognised tertiary institution (student cards or accounts will not be accepted).
 - Remember to notify us of your child's new address if they study away from home.
- Any additional information we may require from you.

Newborn baby

- Register your newborn with us within 30 days from the date of birth, otherwise waiting periods may apply.
- A Hospital Confirmation/Notification document can temporarily be submitted, but it's only valid for 30 days.
- As soon as the newborn baby has been registered with the Department of Home Affairs, submit a copy of the registered birth certificate to the Scheme within 30 days of birth.

We will need these documents from you:

- Membership Application form.
 - Remember to insert the baby's date of birth into the section where we ask what the join date should be.
- Principal member's ID.
- Proof of birth e.g., Hospital Confirmation or registered birth certificate.
- If the baby's surname differs from the principal member's surname, an Affidavit must be submitted stating the reason.

Adopted children

- Provided that you as the principal member adopt them.
- The adopted child has to be registered from the date of the court order, otherwise waiting periods may apply.

We will need these documents from you:

- Membership Application form.
 - Remember to insert the date of the court order into the section where we ask what the join date should be.
- Court order of legal adoption.
- Proof of previous medical scheme.
- An unabridged birth certificate.
- ID or passport.
- Any additional information we may require from you.

Grandchild

If your active minor or adult dependant has a child, (grandchild) the grandchild can be added as a dependant. A newborn grandchild has to be registered with the Scheme within 30 days from the date of birth, otherwise waiting periods may apply.

We will need these documents from you:

- Membership Application form, together with the following attachments:
(Remember to insert your grandchild's date of birth into the section where we ask what the join date should be.)
- Proof of birth from the institution where the baby was born and an unabridged birth certificate to be submitted to the Scheme within 30 days.
- Affidavit from the principal member explaining the circumstances regarding the newborn.
- Affidavit from both biological parents regarding the circumstances.
- Any additional information we may require from you.

If your inactive minor or child dependant has a child (grandchild), the grandchild can be added as a dependant if you legally adopt your grandchild.

We will need these documents from you:

- Membership Application Form
(Remember to insert your grandchild's date of birth into the section where we ask what the join date should be.)
- ID or passport or birth certificate.
- Court order of the legal adoption.
- Affidavit from you as the principal member and both parents advising the circumstances.
- Any additional information we may require from you.



Important to note!

You cannot add your grandchild as a dependant if your biological child is not registered as a dependant on the Scheme, unless you legally adopt your grandchild!

Submit all documents to us via any of the following channels:

- E-mail to phclientliaison@platinumhealth.co.za or zzgengagementofficemembership@platinumhealth.co.za
- Employee Services Walk-in Centre at your workplace.
- Employee Benefits (EB) office at your workplace.
- Human Resources (HR) office at your workplace.
- Face-to-face: Client Liaison Officer/office in your area.

If you have questions or need help, call our Client Liaison Call Centre on **014 590 1700** or **080 000 6942**.

Who cannot be added as a dependant?

- Ex-spouse or partner.
- Family-in-law.
- Friend.
- Uncle or aunt, cousin, nephew or niece.
- Grandparents.

How to remove a dependant

You need to give us one month's written notice to terminate a dependant!

For example:

If you want your dependant to be terminated on 30 April, you need to let us know by 30 March so that the termination can take effect on 30 April. If you don't give us 30 days' notice, your dependant will be terminated 30 days from the date that we receive your termination request!

We also have specific rules about when to terminate your dependants because they no longer qualify. Here are a few examples:

- If your dependant gets married.
- If your dependant starts earning more than the social pension per month.
- If you get divorced, you have to terminate your spouse.
- If you break up with your partner or fiancée.
- If your dependant passes away.

Here's what you need to do to terminate a dependant:

Complete a Change form and remember to insert the date when your dependant should be terminated.

Submit the Change form to us via any of the following channels:

- E-mail to phclientliaison@platinumhealth.co.za or zzengagementofficemembership@platinumhealth.co.za
- Employee Services Walk-in Centre at your workplace.
- Employee Benefits (EB) office at your workplace.
- Human Resources (HR) office at your workplace.
- Face-to-face: Client Liaison Officer/office in your area.

If you have questions or need help, call our Client Liaison Call Centre on **014 590 1700** or **080 000 6942**.

2.7 Retirement and continuation for pensioners

If you are at normal retirement age as per your employer agreement, you and your dependants can stay on PH as continuation members.

Here's what you need to do to continue membership:

Notify us that you choose to continue membership **within 30 days** from your last shift at work. If you don't, you will lose your right to continue membership.

- Get the forms from any Client Liaison Officer near you, or download it from our website www.platinumhealth.co.za
- Complete a Confirmation of medical form as well as a Continuation form.
- We may ask you for supporting documentation too!
- E-mail to zzengagementofficemembership@platinumhealth.co.za or phclientliaison@platinumhealth.co.za

Here's what you need to do to terminate your membership:

- Complete a Confirmation of medical form as well as a Change form.
- E-mail both forms to zzengagementofficemembership@platinumhealth.co.za or phclientliaison@platinumhealth.co.za
- Just remember if you terminate your membership, you won't be able to join us again!

What you need to know about your contributions when you retire!

- Your employer will deduct your contribution at the end of the month you retire.
- We require an upfront payment from you too at the end of the month you retire.
- This means that you will have a double contribution to pay, so please plan your finances!

Send us your ITA34 every year!

- Once retired, your income may change, compared to when you were still working.
- We need your proof of income (ITA34) to ensure you pay the correct contribution.
- Get your ITA34 form from any South African Revenue Service (SARS) office.
- Submit it to us via any of the following channels:
 - E-mail to phclientliaison@platinumhealth.co.za or zzgengagementofficemembership@platinumhealth.co.za
 - Or submit the form to the Client Liaison Office in your area.
- Remember, if we don't get your ITA34, you will be placed in the highest salary band, which means you'll pay the highest contribution!

2.8 Medically boarded

Members who are medically boarded are entitled to stay on as members of PH. Please note that medically boarded requirements are the same as those for retirement.

2.9 Resignation

A member who resigns from the service of his employer will cease to be a member of the Scheme on the date of termination and all rights to benefits will stop.

2.10 Termination of membership

Voluntary termination of membership

A member who is not required in terms of his/her conditions of employment to be a member may terminate his/her membership of the Scheme by giving one month's written notice. All rights to benefits stop after the last day of membership.

Termination of employment

A member whose service as an employee is terminated will no longer be a member of PH on the day of his/her termination, and all rights and benefits will stop, except for claims in respect of services rendered up to the day of termination.

Deceased members

Membership stops on the date of death. The dependants of a deceased member, who are registered with PH as his/her dependants at the time of death, will be entitled to continued membership of the Scheme without any new restrictions, limitations or waiting periods.

To continue membership, we'll need the following documents from you:

- Membership Application form.
- Death certificate of deceased member.
- ID
- Marriage certificate (if applicable).
- Birth certificate (if applicable).
- ITA34 form – you can get this form from SARS.
- Any additional documents we require from you to finalise the application.
- Remember: You need to apply within 30 days of the principal member's death or you will forfeit your right to continue.

Submit the documents to us via any of the following channels:



E-mail to phclientliaison@platinumhealth.co.za or zzgengagementofficemembership@platinumhealth.co.za



Face-to-face: Client Liaison Officer/office in your area.

Remember!

If a minor child becomes the principal member, then adult contributions will be applied.
If you have questions or need help, call our Client Liaison Call Centre on 014 590 1700 or 080 000 6942

2.11 Membership | Frequently asked questions (FAQs)

Q Are my medical expenses covered whilst travelling outside the borders of South Africa?

A No, medical expenses are not covered whilst travelling outside the borders of South Africa. Members are advised to take out travel insurance whilst travelling outside South Africa.

Q How can I prove to Platinum Health that I was a member of another medical scheme?

A You can get a membership certificate from PH stating the period of cover and other prescribed information.

Q May I participate in the operation of PH?

A The Platinum Health Board of Trustees (BOT) consists of 14 people, of which 50% are elected by members. Members can participate in the Scheme through their elected trustees. In terms of the Medical Schemes Act, an Annual General Meeting (AGM) has to be held where members approve the BOT Report, Annual Financial Statements, Appointment of Auditors and the Board of Trustees. Members can also submit a motion to be considered at the AGM.

2.12 Make sure we have your updated contact details!

Why is it important to update your contact details?

If we don't have your updated contact details, you won't receive important e-mails and SMSs from us!

What are the benefits of updating your contact details?

- You will be able to chat to us on WhatsApp! Here you can access your digital membership card, tax and membership certificate, request authorisation, find a DSP, change your contact details (coming soon), order your chronic medication (coming soon) and more. Just save 080 000 6942 on your mobile and follow the prompts!
- You will receive important documents such as your tax certificate, confirmation for your specialist and hospital visits, confirmation that we've paid your claims and many more!
- **PlatComprehensive and PlatCap members:** your correct residential address will ensure that there is no delay in assigning a designated service provider (DSP) to you.
- Your correct banking details will also make sure that your refunds are paid into your bank account.

How to update your contact details:



Indicate changes on the Change form.



E-mail the form to phclientliaison@platinumhealth.co.za



Face-to-face: Submit your form to the receptionist or the Client Liaison Officer at the medical facility.
They can also help you with completing and submitting the form to us!

Need help?

Call our Client Liaison Call Centre on 014 590 1700 or 080 000 6942 or visit the nearest Client Liaison Office.



Plat

Comprehensive

2026

Effective 1 January 2026

3.1 PlatComprehensive Option

Benefits for 2026

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 covered by the Scheme 100% of Scheme tariff.



PlatComprehensive Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS	
A STATUTORY PRESCRIBED MINIMUM BENEFITS				
1	100% of cost	Unlimited	Services rendered by a public hospital or the Scheme's DSP at cost. No levy or co-payment shall apply.	
	100% of Scheme tariff		Subject to regulation 8(3) any service rendered by a non-DSP on a voluntary basis will be paid at 100% of Scheme tariff.	
B GENERAL PRACTITIONER SERVICES				
1	Consultations and visits (in-and-out of hospital)	100% of Scheme tariff	Unlimited	- Members located within a 50km radius of Scheme DSPs are obliged to utilise Scheme DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Consultations during normal working hours: R80 levy per patient visit will apply. - Consultations after normal working hours: R80 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.
C SPECIALIST SERVICES				
1	Consultations and visits (in-and-out of hospital)	100% of Scheme tariff/ negotiated rate	Unlimited	- Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. - 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 managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3).
		100% of Scheme tariff	Unlimited	- Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. - Pre-authorisation needs to be obtained prior to consulting any specialist. - Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntarily obtained services (including Psychiatric Services) in which case the Scheme will cover 100% of Scheme tariff, subject to managed care protocol and processes and regulation 8(3).

PlatComprehensive Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
D	HOSPITALISATION			
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff/ negotiated rate	Unlimited	- Where possible, own facilities shall be utilised. - Members to be referred by general practitioners or specialists. Subject to managed care protocol and processes. 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.
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			
4	Medication to-take-out (TTO)	100% of Scheme tariff	7-day supply PB, per admission	Subject to Scheme formulary and regulation 8(3).
NON-DESIGNATED SERVICE PROVIDER HOSPITAL				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff	R180,187 PMF	- 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. - Pre-authorisation is required subject to managed care protocol and processes and regulation 8(3).
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			
4	Medication to-take-out (TTO)	100% of Scheme tariff	7-day supply PB, per admission	Subject to Scheme formulary and regulation 8(3).
In all instances authorisation shall be obtained <u>prior</u> to admission and in the event of an emergency, the Scheme shall be notified of such an emergency within one working day after admission.				

PlatComprehensive Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
E	MEDICATION		
1	Acute	100% of Scheme formulary	Unlimited - Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, 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 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.
2	PAT/OTC	100% of Scheme formulary	R419 PB, subject to a limit of R1,132 PMF - Subject to Platinum Health network pharmacy and R203 per event. - 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 network provider pharmacies may utilise non-DSPs for medication. - The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary. - Admin fees or levies will not be covered.
3	Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list. - 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 and managed care protocol and processes. - 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.

PlatComprehensive Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS	
E	MEDICATION				
4	Contraceptive benefits: Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	Hormonal subdermal progestin-only implants shall be limited to one every three years from anniversary of claiming PB.	- Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3). - Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication. - The Scheme shall accept liability of 100% of the Scheme tariff. - The Scheme shall accept 100% of the therapeutic reference price list as per the Scheme formulary, a co-payment might apply at the point of service when a drug priced above the therapeutic reference price is utilised. - 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.
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	Levonorgestrel Intrauterine device (LNG-IUD) shall be limited to one every five years from anniversary of claiming PB.	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogesterone: every three months	Medroxyprogesterone shall be limited to one every three months from anniversary of claiming PB.	
			Norethisterone: every two months	Norethisterone shall be limited to one every two months from anniversary of claiming PB.	
	Hormonal oral, patches and locally acting contraceptives	100% of Scheme tariff	Subject to therapeutic reference price		
	Intrauterine contraceptive copper device (Copper IUCD)	100% of Scheme tariff	One every five years	Intrauterine contraceptive copper device (Copper IUCD) shall be limited to one every five years from anniversary of claiming PB.	

PlatComprehensive Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
F	DENTAL SERVICES			
1	Conservative Dentistry	100% of Scheme tariff	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located further than 50km radius from DSPs would be covered at 100% of Scheme tariff, subject to managed care protocol and processes and regulation 8(3). - 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.
2	Specialised Dentistry	85% of Scheme tariff	R14,540 PMF	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located further than 50km radius from DSPs would be covered at 100% of Scheme tariff, subject to managed care protocol and processes and regulation 8(3). - Authorisation is required for specialised dentistry and conscious sedation treatment which is subject to managed care protocol and processes. - 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 every three years from anniversary of claiming PB, subject to benefit limit. - Orthodontic treatment benefit limited to patients under 21 years, subject to Scheme managed care protocol and processes. - 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 - Prostodontics, periodontics, and endodontic treatment - Porcelain veneers and inlays - Crown and Bridge work - Metal Dentures - External laboratory services
G	RADIOLOGY			
1	In-and-out of hospital	100% of Scheme tariff/ negotiated rate	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3).

PlatComprehensive Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS	
G	RADIOLOGY (CONTINUE)			
1	In-and-out of hospital	100% of Scheme tariff/ negotiated rate	Unlimited	- Members to be referred by a general practitioner or specialist and Scheme DSPs shall be utilised at all times. - Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to managed care protocol and processes and regulation 8(3).
		100% of Scheme tariff	Unlimited	- Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntary obtained services in which case the Scheme will cover 100% of Scheme tariff, subject to managed care protocol and processes and regulation 8(3). - Members to be referred by a general practitioner or specialist. - Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.
H	PATHOLOGY (LANCET ONLY)			
1	In-and-out of hospital	100% of Scheme tariff/ negotiated rate	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Members to be referred by a general practitioner or specialist and Scheme DSPs shall be utilised at all times. If the Scheme authorises hospitalisation at a DSP, the laboratory costs will be covered 100% of Scheme tariff.
		100% of Scheme tariff	Unlimited	- Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as to have voluntary obtained services. - Members to be referred by a general practitioner or specialist, subject to managed care protocol and processes and regulation 8(3).

PlatComprehensive Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
I PHYSIOTHERAPY AND BIOKINETICS				
1	In-hospital	100% of Scheme tariff/ negotiated rate	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Members to be referred by a general practitioner or specialist. - No cover for physiotherapy in mental health facilities.
		100% of Scheme tariff	Unlimited	- Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as to have voluntary obtained services in which case the Scheme will cover 100% of Scheme tariff, subject to Scheme managed care protocol and processes and regulation 8(3). - Members to be referred by a general practitioner or specialist. - No cover for physiotherapy in mental health facilities.
2	Out-of-hospital	100% of Scheme tariff	R5,391 PMF	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Members to be referred by a general practitioner or specialist. - No cover for physiotherapy in mental health facilities.
J CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS				
1		100% of Scheme tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).

PlatComprehensive Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
K	EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)		
1	100% of Scheme tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, managed care protocol and processes and regulation 8(3).
L	BLOOD TRANSFUSIONS		
1	100% of Scheme tariff	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3). Includes the cost of blood, blood equivalents, blood products and the transport of blood.
M	MEDICAL AND SURGICAL APPLIANCES		
1	Wheelchairs	R8,330 PB	- Wheelchairs shall be limited to one every three years from anniversary of claiming PB, up to the benefit limit. - Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
2	Oxygen and Cylinders	Unlimited	Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
3	Nebulisers and Glucometers	R756 PB	- Nebulisers and Glucometers shall be limited to one every three years from anniversary of claiming PB, up to the benefit limit. - Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
4	General	R4,717 PMF	Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
N	PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS		
1	100% of Scheme tariff	Unlimited	- Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3). The following surgical procedures are not covered: - Finger/Toe joint replacement. - Pain pump/Neurostimulator for chronic back pain. - Da Vinci Surgical System.

PlatComprehensive Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
O PREVENTATIVE HEALTHCARE			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually
2	Malaria prophylaxis	100% of Scheme formulary	Unlimited
3	Obesity Management	100% of Scheme tariff and formulary	Non-surgical Weight Management
4	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary
5	Pneumococcal Vaccine	100% of Scheme formulary	Subject to formulary
6	Vaccine for Adults: RSV Vaccine for Pregnant Women	100% of Scheme formulary	Subject to formulary

- Cancer screening (Pap smears, PSA and Mammogram) shall be limited to one every year from anniversary of claiming PB.
- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3).
- Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and regulation 8(3).
- Members located further than 200km radius from DSPs shall be deemed to have obtained involuntary in which case the Scheme will cover 100% of Scheme tariff and subject to managed care protocol and processes and regulation 8(3).
- Members to be referred by a general practitioner or specialist.

- Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to managed care protocol and processes and 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 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.
- RSV Vaccine for Pregnant Women: Pre-authorisation required.

PlatComprehensive Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
P	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	Subject to managed care protocol and processes (excludes consultation cost).
Q	OPTOMETRY SERVICES			
1	Eye examination, frames, lenses, contact lenses and disposable contact lenses	100% of Scheme tariff	Combined 2-year benefit limit of R3,154 PB	- Limited to one set of spectacles or range of contact lenses per beneficiary, every 2 years from anniversary of claiming PB up to the benefit limit. - Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3).
2	Correction of vision surgery	100% of Scheme tariff	Unlimited	- Subject to referral, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3). - The benefit excludes excimer laser treatment.
3	Screening for vision affecting chronic diseases	100% of Scheme tariff	One screening consultation PB per annum	- Screening for vision affecting chronic diseases shall be limited to one every year from anniversary of claiming PB. - Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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, managed care protocol and processes and regulation 8(3).

PlatComprehensive Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
R	AUXILIARY SERVICES			
1	Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme tariff	Combined limit R9,109 PMF	- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Subject to referral by medical practitioner.
2	Hearing Aids	100% of Scheme tariff	R15,215 PB	- Hearing aids shall be limited to one every three years from anniversary of claiming PB, up to the benefit limit. - Subject to referral, authorisation, Scheme DSP utilisation and managed care protocol and processes by the Scheme. - Subject to regulation 8(3).
S	CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)			
1	Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme tariff	R9,109 PMF	- To be referred by a medical practitioner. - Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3).

Contributions for 2026

SALARY BAND	BAND 1 R0 - R23 843	BAND 2 R23 844 - R35 984	BAND 3 R35 985 +
PRINCIPAL	R 2 043	R 2 954	R 3 502
ADULT	R 2 043	R 2 954	R 3 502
CHILD	R 691	R 1 052	R 1 217

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.





PlatCap

Option

2026

Effective 1 January 2026



3.2 PlatCap Option

Benefits for 2026

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.



PlatCap Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS		
1	100% of cost	Unlimited	- All services rendered by a public hospital or the Schemes DSP at costs. - No levy or co-payment shall apply.
B	DAY-TO-DAY BENEFITS		
1	GP Consultations and visits	100% of Scheme tariff	Unlimited
			- Members located within a 50km radius of Scheme DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Consultations during normal working hours: R80 levy per patient visit will apply. - Consultations after normal working hours: R80 levy per patient visit will apply. Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.
2	Acute medication	100% of Scheme tariff	Unlimited
			- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and 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 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.
3	PAT/OTC	100% of Scheme tariff	R385 PB per annum, R757 PMF
			- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located outside a 50km radius of network provider pharmacies 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. - Admin fees or levies will not be covered. Subject to Plat Cap option formulary and R171 per event.

PlatCap Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS	
B	DAY-TO-DAY BENEFITS (CONTINUE)				
4	Contraceptive benefit: Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	Hormonal subdermal progestin-only implants shall be limited to one every three years from anniversary of claiming PB.	- Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3). - Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication. - The Scheme shall accept liability of 100% of the Scheme tariff. - The Scheme shall accept 100% of the therapeutic reference price list as per the Scheme formulary, a co-payment might apply at the point of service when a drug priced above the therapeutic reference price is utilised. - 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.
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	Levonorgestrel Intrauterine device (LNG-IUD) shall be limited to one every five years from anniversary of claiming PB.	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxy-progesterone: every three months	Medroxyprogesterone shall be limited to one every three months from anniversary of claiming PB.	
			Norethisterone: every two months	Norethisterone shall be limited to one every two months from anniversary of claiming PB.	
	Hormonal oral, patches and locally acting contraceptives	100% of Scheme tariff	Subject to therapeutic reference price		
	Intrauterine contraceptive copper device (Copper IUCD)	100% of Scheme tariff	One every five years	Intrauterine contraceptive copper device (Copper IUCD) shall be limited to one every five years from anniversary of claiming PB.	
5	Specialist Consultations	100% of Scheme tariff	3 visits or R4,575 per beneficiary, up to 5 visits or R6,636 per family	- 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 managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise non-DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. - Subject to managed care protocol and processes and regulation 8(3).	

PlatCap Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
B	DAY-TO-DAY BENEFITS (CONTINUE)		
6	Occupational Therapy, Physiotherapy & Biokinetics	100% of cost/ negotiated tariff	R5,214 PMF
			- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Members to be referred by general practitioners or specialists. - Subject to managed care protocol and processes.
7	General radiology	100% of Scheme tariff	Unlimited
			- Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3). - Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. - Subject to managed care protocol and processes. - Approved black and white X-rays and soft tissue ultrasound.
8	Pathology (Lancet only)	100% of Scheme tariff	Unlimited
			- Members are obliged to utilise DSPs, subject to regulation 8(3). - Subject to referral by Scheme's DSP Medical Practitioner, managed care protocol and processes and according to a list of approved tests.
9	Conservative Dentistry	100% of Scheme tariff	One consultation PB per annum, with exception of extractions which are unlimited
			- One preventative treatment PB per annum for cleaning, fillings, and X-rays with exception of extractions which are unlimited. - One consultation shall be limited to one every year from anniversary of claiming PB. - List of approved codes, subject to Scheme DSP utilisation and managed care protocol and processes.
10	Emergency Dentistry	100% of Scheme tariff	One-episode PB per annum
			- One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum. - One emergency consultation shall be limited to one every year from anniversary of claiming PB.
11	Specialised Dentistry	80% of Scheme tariff	Dentures only One set of plastic dentures PB
			- Dentures shall be limited to one set every three years from anniversary of claiming PB. Applicable over age of 21 years. (20% co-payment applies). - Subject to Scheme DSP utilisation and managed care protocol and processes.

PlatCap Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
B	DAY-TO-DAY BENEFITS (CONTINUE)			
12	Optometry	100 % of Scheme tariff	Combined 2-year benefit limit of R1,579 . One set of spectacles per beneficiary.	Two-year benefit from anniversary of claiming PB. Subject to Scheme DSP utilisation.
	Examination			One optometric consultation PB. Subject to Scheme DSP utilisation.
	Frames			- Range of Scheme approved frames every 24 months. One set of frames PB. - Subject to Scheme DSP utilisation.
	Lenses			Single vision lens. Subject to Scheme DSP utilisation.
	Contact Lenses		No Benefit	
13	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation per annum PB	- Screening for vision affecting chronic diseases shall be limited to one every year from anniversary of claiming PB. - Subject to Scheme DSP utilisation and managed care protocol and processes.
C	PREVENTATIVE HEALTHCARE			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually	- Cancer screening (Pap smears, PSA and Mammogram) shall be limited to one every year from anniversary of claiming PB. - Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 and subject to managed care protocol and processes and regulation 8(3). - Members to be referred by a general practitioner or specialist.
2	Malaria prophylaxis	100% of Scheme formulary	Unlimited	- Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to managed care protocol and processes and regulation 8(3). - Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.
3	Obesity Management	100% of Scheme tariff and formulary	Non-surgical Weight Management	- The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) 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.
4	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary	- 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.

PlatCap Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
C	PREVENTATIVE HEALTHCARE (CONTINUE)			
5	Pneumococcal Vaccine	100% of Scheme formulary	Subject to formulary	- Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to managed care protocol and processes and 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 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. - RSV Vaccine for Pregnant Women: Pre-authorisation required.
6	Vaccine for Adults: RSV Vaccine for Pregnant Women	100% of Scheme formulary	Subject to formulary	
D	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	Subject to managed care protocol and processes (excludes consultation cost).
E	IN-AND-OUT OF HOSPITAL BENEFITS			
1	Maternity Care (ante and post-natal)	100% of Scheme tariff	Antenatal consultations are subject to the GP consultations and specialist consultation benefit	- Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3). - Subject to registration on the Maternity Programme.
2	Neonatal Care	100% of Scheme tariff	Limited to R64,666 per family, except PMBs	Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
3	Mental Health In-hospital	100% of cost/ negotiated tariff	PMBs only	- Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3). - No cover for physiotherapy in mental health facilities.

PlatCap Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
E	IN-AND-OUT OF HOSPITAL BENEFITS (CONTINUE)			
3	Mental Health Out-of-hospital	100% of Scheme tariff	PMBs only	- Four consultations per annum PMF. - To be referred by a medical practitioner. - Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to managed care protocol and processes and regulation 8(3). - Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to managed care protocol and processes and 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 managed care protocol and processes and regulation 8(3).
4	Specialised Radiology (in-and-out of hospital)	100% of Scheme tariff	R16,541 per family	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and managed care protocol and processes.
5	Emergency medical transportation	100% of Scheme tariff	Unlimited	Subject to Scheme DSP utilisation, authorisation, managed care protocol and processes and regulation 8(3).
6	General medical appliances (wheelchairs and hearing aids)	100% of Scheme tariff	R7,742 per family	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
7	Oxygen and Cylinders	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).

PlatCap Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
F	IN-HOSPITAL BENEFITS			
1	GP Consultations	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
2	Specialist Consultations	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
3	Pathology (Lancet only)	100% of Scheme tariff	Limited to R38,335 per family per annum	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and managed care protocol and processes and regulation 8(3).
4	General Radiology	100% of Scheme tariff	Unlimited	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
5	Physiotherapy	100% of Scheme tariff	R6,168 PB	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, managed care protocol and processes and regulation 8(3).
6	Oncology	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and managed care protocol and processes.
7	Organ Transplant	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and managed care protocol and processes.
8	Renal Dialysis	100% of cost/ negotiated tariff	PMBs only	Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and managed care protocol and processes.

PlatCap Option

Benefits for 2026

SERVICE	% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
F	IN-HOSPITAL BENEFITS (CONTINUE)		
9	Prosthesis (Internal)	100% of cost/ negotiated tariff	PMBs only The following surgical procedures are not covered: 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 Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and managed care protocol and processes.
G	CHRONIC MEDICINE BENEFIT		
1	Chronic Medicine	100% of Plat Cap option formulary	Unlimited for CDL conditions - 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 and managed care protocol and processes. - 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.

PlatCap Option

Benefits for 2026

SERVICE		% BENEFITS	ANNUAL LIMITS	CONDITIONS/ REMARKS
H	HOSPITALISATION			
Designated Service Provider Hospitals (100% agreed and negotiated Tariffs – unlimited)				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of negotiated tariff	Unlimited	- Where possible, own facilities shall be utilised. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme’s Medical Practitioner 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 managed care protocol and processes and regulation 8(3). - Members located between 50 – 200km radius who elect to utilise non-DSPs will be covered 100% of negotiated tariff, subject to managed care protocol and processes and 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 negotiated tariff, subject to managed care protocol and processes and 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.
2	Theatre fees and materials			
3	Ward, Theatre drugs and hospital equipment			
4	Medication-to-take-out (TTO)	100% of Scheme tariff	7-day supply PB, per admission	- Subject to Plat Cap option formulary. - Admin fees or levies will not be covered.
5	Alternative to hospitalisation (step-down or home nursing)	100% of Scheme tariff	Limited to R20,337 per family per annum	- Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3). - Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and managed care protocol and processes. - 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.
6	Physical rehabilitation	100% of Scheme tariff	Limited to R72,606 per family per annum	- Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3). - Subject to referral by Scheme’s DSP Medical Practitioner, authorisation, and managed care protocol and processes. - 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.

Contributions for 2026

SALARY BAND	BAND 1 R0 - R15 147	BAND 2 R15 148 - R23 619	BAND 3 R23 620 +
PRINCIPAL	R 1 523	R 1 850	R 3 480
ADULT	R 1 523	R 1 850	R 3 480
CHILD	R 622	R 778	R 1 209

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.





Plat

Freedom

2026

Effective 1 January 2026

3.3 PlatFreedom Option

Benefits for 2026

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. PlatFreedom's benefit offering has been enhanced as all benefits are no longer linked to the Overall Annual Limit (OAL), only the in-hospital and selected benefits (*) are now subject to OAL of R1 221 241 per member family.

Hospitalisation is subject to the OAL at 100% of the lower of cost or Scheme rate 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.



PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
	Overall Annual Limit (OAL)		• R1,221,241 per member family. Only In-hospital treatment and * selected benefits will be subject to the Overall Annual Limit (OAL)	Subject to managed care protocol and processes
A	ALTERNATIVE HEALTHCARE			
1	Homeopathic consultations and medicine only	80% of the lower of cost or Scheme rate	• R9 474 per member family	Subject to managed care protocol and processes
B	AMBULANCE SERVICE			
1		100% if authorised by preferred provider	• * Subject to OAL	Subject to approval by preferred provider
C	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
1	General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme rate	• R23 119 per member family (Appliances limit)	
2	CPAP (Continuous Positive Airway Pressure)		• Subject to the Appliances limit	
3	Glucometers		• R1 379 per beneficiary, included in the Appliances limit	
4	Peak flow meters		• R593 per beneficiary, included in the Appliances limit	
5	Nebulisers		• R1 585 per beneficiary, included in the Appliances limit	
6	Foot orthotics		• R5 863 per beneficiary, included in the Appliances limit	
7	Keratoconus contact lenses		• Subject to the Appliances limit	Authorisation required
8	Oxygen therapy and home ventilators		• * Subject to OAL	Authorisation required Subject to managed care protocol and processes
9	Incontinence products	100% of the lower of cost or negotiated fee	• * Subject to OAL	Authorisation required

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
D	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
1		100% of negotiated fee	* Subject to OAL	Authorisation required
E	CONSULTATIONS AND VISITS - GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS			
1	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL. Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services and physiotherapy.	
	Out-of-hospital	100% of the lower of cost or Scheme rate	- M0: R6 865 - M1: R10 297 - M2: R13 717 - M3+: R17 161 - Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services, and physiotherapy.	
F	DENTISTRY			
1	Basic: Includes basic dentistry performed in-hospital for children under eight (8) and for removal of impacted wisdom teeth	100% of the lower of cost or Scheme rate	R16 800 per member family	Authorisation required for all dental treatment in-hospital. Subject to managed care protocol and processes
2	Advanced: Oral surgery, plastic/metal base dentures, inlays, crowns, bridges, study models, orthodontics, periodontics, prosthodontics, Osseo integrated implants, orthognathic surgery and dental technician fees	100% of the lower of cost or Scheme rate	- R17 391 per member family - Dentures shall be limited to one set every three years from anniversary of claiming PB. - Subject to benefit limit. - Orthodontic treatment benefit limited to patients under 21 years.	Authorisation required for advanced dentistry and conscious sedation treatment which is subject to managed care protocol and processes
G	HOSPITALISATION			
1	Accommodation in a general ward, highcare ward and intensive care unit, theatre fees, ward drugs and surgical items	100% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
H	ALTERNATIVES TO HOSPITALISATION			
1	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme rate	• R92 882 per member family • Subject to OAL	Authorisation required Subject to managed care protocol and processes
I	IMMUNODEFICIENCY SYNDROME (HIV/AIDS)			
1		100% of cost		Authorisation required
J	INFERTILITY			
1		100% of the lower of cost or negotiated fee for public hospitals	• Limited to interventions and investigations as prescribed by the regulations to the Medical Scheme Act	Authorisation required
K	MATERNITY			
1	Hospital: Accommodation, theatre fees, labour ward fees, dressings, medicines, and materials Note: For confinement in a registered birthing unit or out-of-hospital, four (4) postnatal midwife consultations for a family each year	100% of the lower of cost or Scheme rate	• Subject to OAL	Authorisation required Subject to managed care protocols and processes
2	Related maternity services: 12 antenatal consultations, two (2) 2D scans, pregnancy related tests and procedures	100% of the lower of cost or Scheme rate	• R10 830 per member family, 3D scan paid up to cost of 2D scan	
3	Amniocentesis	80% of the lower of cost or Scheme rate	• R10 900 per member family and further limited to one test for a family each year	

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
L	MEDICINE AND INJECTION MATERIAL			
1	Acute medicine: including malaria prophylactics	100% of the approved price	• M0: R6 889 • M+1: R11 965 • M+2: R15 952 • M3+: R18 490 • (Acute Medicine limit)	Refer to general Scheme exclusions
2	Medicine on discharge from hospital	100% of the approved price	• R617 per beneficiary per admission, included in the Acute Medicine limit	Refer to general Scheme exclusions
3	Over-the-counter medicine	100% of the approved price	• R2 055 per member family, maximum R509, maximum of 2 items per script. • Included in the Acute Medicine limit	Refer to general Scheme exclusions
4	Chronic medicine	Chronic Disease List Conditions 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) Additional Disease List Conditions Up to 100% of MMAP for approved chronic medicine	• * Subject to OAL	Authorisation required Subject to registration on the Chronic medication programme Subject to managed care protocol and processes Refer to general Scheme exclusions
5	Contraceptive benefits: Oral, injectable, patches, rings, devices and implants.	100% of the approved price	• * Subject to OAL	Only if prescribed for contraception (not approved for skin conditions)

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
M	MENTAL HEALTH			
1	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme rate	• R56 100 per member family (Mental Health limit) • Subject to OAL	Authorisation required Subject to managed care protocol and processes
2	Rehabilitation for substance abuse	100% of the lower of cost or Scheme rate	• 21 days for a person each year, included in the Mental Health limit • Subject to OAL	Authorisation required Subject to managed care protocol and processes
3	Out-of-hospital: Clinical Psychologist consultations, visits, assessments, therapy, treatment, and counselling	100% of the lower of cost or Scheme rate	• R9 475 per member family	Subject to referral by medical practitioner
N	NON-SURGICAL PROCEDURES AND TESTS			
1	In-hospital	80% of the lower of cost or Scheme rate	• Subject to OAL	Authorisation required Subject to managed care protocol and processes
2	Out-of-hospital	100% of the lower of cost or Scheme rate	• R11 421 per member family	Authorisation required Subject to managed care protocol and processes
O	OPTOMETRY			
1	Eye examination	100% of the lower of cost or SAOA rate	• One (1) examination per beneficiary each year, clinically essential lenses every 2 years from anniversary of claiming PB and one (1) frame per beneficiary subject to combined limit of R3 820 per beneficiary	
2	Lenses	100% of the lower of cost or SAOA rate		No benefit for lens add-ons
3	Frames	100% of the lower of cost or SAOA rate		
4	Contact lenses	100% of the lower of cost or SAOA rate	• R3 820 per beneficiary, every 2 years (from claiming PB) instead of spectacle lenses above	

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
O	OPTOMETRY (CONTINUE)			
5	Readers	100% of the lower of cost or SAOA rate	Limited to and included in the frames/ lenses limit above, if obtained from a registered practice	
6	Refractive eye surgery	80% of the lower of cost or Scheme rate	R23 119 per member family * Subject to OAL	Authorisation required Subject to managed care protocol and processes
7	Screening for Vision affecting Chronic Diseases	100% of the lower of cost or SAOA rate	One screening consultation per beneficiary per annum from anniversary of claiming PB	
P	ORGAN AND TISSUE TRANSPLANTS			
1	Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme rate	R266 452 per member family (Organ Transplant limit) * Subject to OAL	Authorisation required Subject to managed care protocol and processes
2	Immunosuppressive medication	100% of the approved price	- Included in the Organ Transplant limit * Subject to OAL	Authorisation required Subject to managed care protocol and processes
3	Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme rate	R35 529 per beneficiary, included in the Organ Transplant limit * Subject to OAL	Authorisation required Subject to managed care protocol and processes
Q	ONCOLOGY (CANCER)			
1	Active treatment period. Includes approved pathology and post active treatment for 12 months	100% of the lower of cost or Scheme rate	* Subject to OAL	Authorisation required Subject to managed care protocol and processes
2	Brachytherapy	100% of the lower of cost or Scheme rate	R63 251 per member family * Subject to OAL	Authorisation required Subject to managed care protocol and processes

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
R	PREVENTATIVE HEALTHCARE			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of the lower of cost or Scheme rate	Subject to Pathology and Radiology limits	
2	Malaria prophylaxis	100% of approved price	Subject to Acute Medicine limit	
3	Vaccines (HPV, Flu & Covid-19)	100% of approved price	Subject to Acute Medicine limit	
4	Pneumococcal Vaccine	100% of approved price	Subject to Acute Medicine limit	Subject to managed care protocol and processes
5	Vaccine for Adults: RSV Vaccine for Pregnant Women	100% of approved price	Subject to Acute Medicine limit	Pre-authorisation required Subject to managed care protocol and processes
S	CHILD IMMUNISATION			
1	Child Immunisation Benefit	100% of the lower of cost or Scheme rate	According to the Department of Health protocols (excludes consultation cost)	
T	PATHOLOGY AND MEDICAL TECHNOLOGY (LANCET ONLY)			
1	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL	
2	Out-of-hospital	100% of the lower of cost or Scheme rate	R12 062 per member family	
U	ADDITIONAL MEDICAL SERVICES			
1	In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme rate	R16 750 per member family - Subject to OAL	Subject to referral by medical practitioner

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
U	ADDITIONAL MEDICAL SERVICES (CONTINUE)			
2	Out-of-hospital: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nurse practitioners, speech therapy and social workers	100% of the lower of cost or Scheme rate	• R5 984 per member family	Subject to referral by medical practitioner
V	PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)			
1	In-hospital: Physiotherapy and biokinetics	100% of the lower of cost or Scheme rate	• Subject to OAL	Subject to referral by medical practitioner
2	Out-of-hospital: Physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme rate	• R10 479 per member family	Subject to referral by medical practitioner
W	PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)			
1		100% of the authorised cost	• R73 341 per member family • * Subject to OAL	Authorisation required Subject to managed care protocol and processes
X	RADIOLOGY AND RADIOGRAPHY			
1	In-hospital	100% of the lower of cost or Scheme rate	• Subject to OAL	
2	Out-of-hospital	100% of the lower of cost or Scheme rate	• R13 221 per member family	
3	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme rate	• R25 101 for a family • * Subject to OAL	Authorisation required Subject to managed care protocol and processes

PlatFreedom Option

Benefits for 2026

BENEFIT		RATE	LIMIT	AUTHORISATION
X	RADIOLOGY AND RADIOGRAPHY (CONTINUE)			
4	PET and PET-CT scans	100% of the lower of cost or Scheme rate	- One (1) for a family * Subject to OAL	Authorisation required Subject to managed care protocol and processes
Y	RENAL DIALYSIS (CHRONIC)			
1		100% of the lower of cost or Scheme rate	R266 452 per member family	Authorisation required
Z	SURGICAL PROCEDURES (INCLUDING MAXILLO-FACIAL SURGERY)			
1		100% of the lower of cost or Scheme rate	* Subject to OAL	Authorisation required

Contributions for 2026

SALARY BAND	BAND 1 R0 - R16 548	BAND 2 R16 549 - R24 589	BAND 3 R24 590 - R33 879	BAND 4 R33 880 - R68 715	BAND 5 R68 716 +
PRINCIPAL	R 2 875	R 3 675	R 3 980	R 4 969	R 5 888
ADULT	R 2 256	R 2 896	R 3 058	R 3 850	R 4 676
CHILD	R 771	R 991	R 1 069	R 1 182	R 1 384

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.

3.4 PHMS General Scheme Exclusions

Unless otherwise approved by Platinum Health Medical Scheme (PHMS), 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 biannual limit 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 with service providers.
- Accommodation in a private room of a hospital unless clinically indicated and prescribed by a medical practitioner and authorised by the Scheme.
- Accommodation in an old-age home or other institution that provides general care for the aged and/or chronically ill patients.
- 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. Excluding therapy being approved for non-surgical weight management on the PlatComprehensive and PlatCap Options.
- Operations, treatments, and procedures, by choice, for cosmetic purposes where no pathological substance exists which proves the necessity of the procedure, and/or which is not lifesaving, life-sustaining or life-supporting, including related complications: for example, breast reduction, breast augmentation, otoplasty, total nose reconstruction, lipectomy, subcutaneous mastectomy, minor superficial varicose veins treatment with sclerotherapy, abdominal bowel bypass surgery, etc.
- Reversal of sterilisation procedures.
- Sex change operations.
- Services not mentioned in the benefits as well as services which, in the opinion of the Scheme, are not aimed at the treatment of an actual or supposed illness of disablement which impairs or threatens essential body function (the process of ageing will not be regarded as an illness or a disablement).
- 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, sunscreen agents, growth hormone, and immunisation (not part of PMB).
- 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.
- 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.

3.4 PHMS General Scheme Exclusions (continue)

- Reports, investigations or tests for insurance purposes, admission to universities or schools, emigration or immigration, employment, legal purposes/medical court reports, annual medical surveillance, or similar services, including routine examinations.
- Pre-natal and/or post-natal exercises.
- 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).
- The artificial insemination of a person in or outside the human body as defined in the Human Tissue Act, 1983 (Act 65 of 1983) provided that, in the case of artificial insemination, the Scheme’s responsibility on the treatment will be:
 - As it is prescribed in the public hospital;
 - As defined in the prescribed minimum benefits (PMBs); and
 - Subject to pre-authorisation and prior approval by the Scheme.
- Experimental unproven or unregistered treatments or practices including off label use of medication.
- 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, except for 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 not catered for by Scheme protocols, for example, yellow fever for travel purposes.
- Refractive eye surgery, excimer laser treatment (excluding PlatFreedom).



4. Key benefits at a glance



4.1 Medicine

We offer comprehensive medicine benefits under the different benefit options. As a member you have access to acute, chronic, over-the-counter, contraceptives and preventative medicine.

Acute medicine

Acute medicine is used to treat non-chronic conditions, which means that it is mostly for short-term use. PlatComprehensive and PlatCap members can get acute medicine from any of our PH-owned pharmacies or preferred provider pharmacies. PlatFreedom members can get acute medicine from their pharmacy of choice.



Chronic medicine

Chronic medication is used to treat long-term and/or recurring conditions. If you've been diagnosed with a chronic condition, your doctor will work hand-in-hand with you to control your disease and improve your quality of life. As part of your treatment plan, your doctor will prescribe chronic medication to you. Members across all three options have to register on the Chronic medication programme to enjoy the full benefits!

Prescribed minimum benefits (PMBs)

Prescribed minimum benefits (PMBs) are a set of minimum benefits which, by law, must be provided to all members by their medical schemes. PMBs must be provided regardless of the benefit option that a member has elected. The medical scheme must pay for the costs of diagnostic tests, treatment and ongoing care.

PMBs requirements

There are certain requirements you must meet before you can benefit from the prescribed minimum benefits. The requirements are:

- The condition must be on the list of defined PMB conditions.
- The treatment needed must match the treatments in the defined benefits on the PMB list.

Application for prescribed minimum benefits (PMBs) cover

PMBs are subject to authorisation and registration on the Chronic Disease Management Programme before PMB benefits can be confirmed.

How healthcare professionals ensure payment of claims for PMBs

To ensure that claims are correctly processed, the hospital, healthcare professional and pharmacist must use specific codes (ICD-10 codes) on the account to indicate that the treatment was for a condition qualifying for prescribed minimum benefits.



What are Chronic Disease List (CDL) PMBs?

The Council for Medical Schemes (CMS) has compiled a list of conditions, known as the Chronic Disease List (CDL), for which appropriate medicines and other treatments have been specified. Medical schemes must cover the costs of the specified treatment of CDL conditions from PMB benefits.

The medical scheme may make use of clinical protocols, medicine formularies and designated service providers to manage PMB conditions.

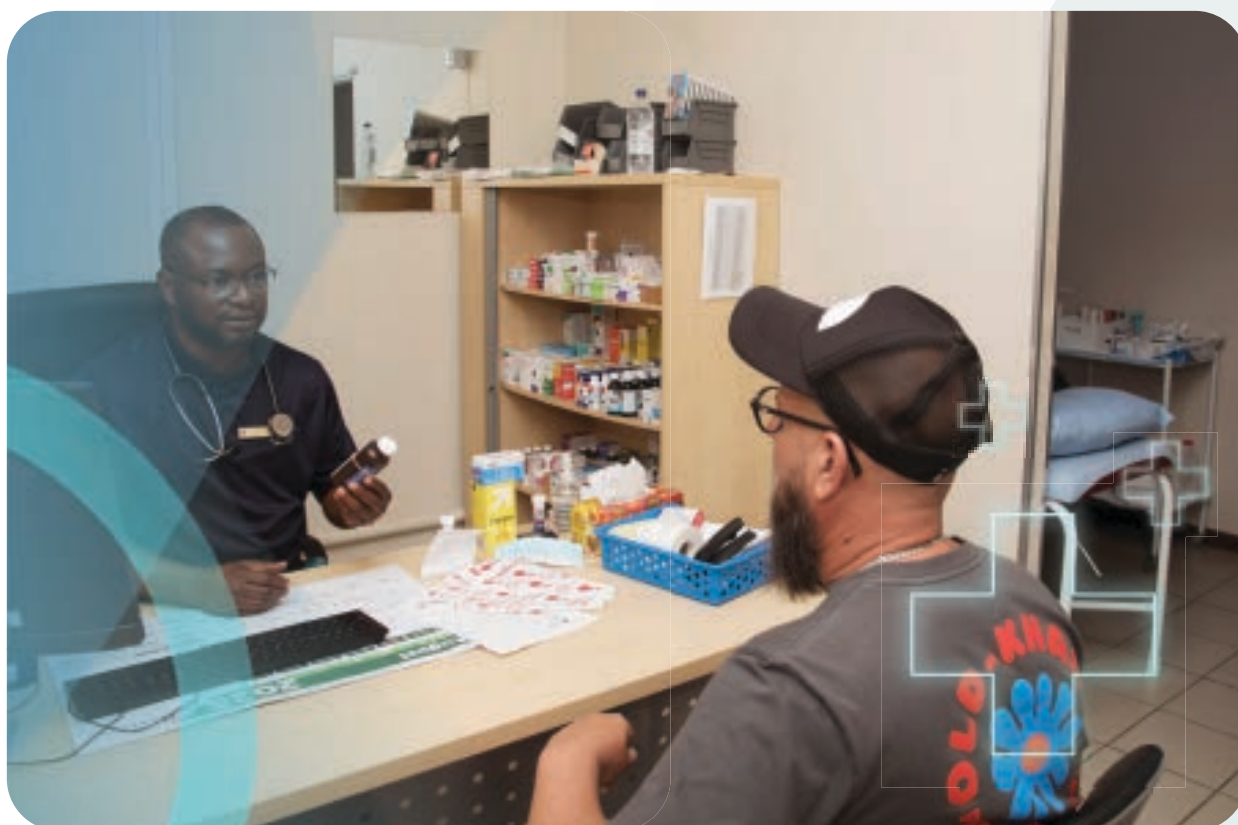
There are 27 PMBs as per the Chronic Disease List, including applicable chronic diagnosis and treatment pairs (DTP's) as indicated in regulation 29(1)(0) of the Medical Schemes Act.

The following CDL conditions are covered across all Platinum Health options, subject to authorisation:

- | | |
|---|----------------------------------|
| 1. Addison's disease | 15. Epilepsy |
| 2. Asthma | 16. Glaucoma |
| 3. Bipolar mood disorder | 17. Haemophilia |
| 4. Bronchiectasis | 18. HIV/AIDS |
| 5. Cardiac failure | 19. Hyperlipidaemia |
| 6. Cardiomyopathy | 20. Hypertension |
| 7. Chronic renal disease | 21. Hypothyroidism |
| 8. Chronic obstructive pulmonary disease (COPD) | 22. Multiple sclerosis |
| 9. Coronary artery disease | 23. Parkinson's disease |
| 10. Crohn's disease | 24. Rheumatoid arthritis |
| 11. Diabetes insipidus | 25. Schizophrenia |
| 12. Diabetes mellitus type 1 | 26. Systemic lupus erythematosus |
| 13. Diabetes mellitus type 2 | 27. Ulcerative colitis |
| 14. Dysrhythmias | |

What are non-CDL PMBs?

It's a specified list of emergencies and 270 other specified conditions (besides the conditions on the CDL), for which medical schemes must cover the costs of the diagnosis and treatment from PMB benefits. More details about PMBs can be found on the CMS website at www.medicalSchemes.com/medical_Schemes_pmb/index.html



Additional Chronic Disease List (CDL) Conditions

PlatComprehensive	PlatFreedom
In addition to the 27 PMB conditions, PlatComprehensive covers the following 53 diseases, including applicable chronic DTPs as indicated in regulation 29.(1)(0) of the Medical Schemes Act.	There are further Additional Disease List conditions. There is no medicine formulary for these conditions. Cover is subject to benefit entry criteria and approval. Approved medicine for these conditions will be funded up to Maximum Medical Aid Price (MMAP).
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	1. Acne 2. Allergic Rhinitis 3. Alzheimers Disease 4. Ankylosing Spondylitis 5. Attention Deficit Hyperactivity Disorder (ADHD) 6. Bechet's disease 7. Cystic Fibrosis 8. Depression 9. Dermatomyositis 10. Eczema 11. Gastro-oesophageal Reflux Disease 12. Generalised Anxiety Disorder 13. Gout/Hyperuricaemia 14. Migraine 15. Motor Neuron Disease 16. Myasthenia Gravis 17. Obsessive Compulsive Disorder 18. Osteoarthritis 19. Osteopenia 20. Osteoporosis 21. Paget's Disease 22. Panic Disorder 23. Polyarteritis Nodosa 24. Post Traumatic Stress Disorder 25. Psoriasis 26. Pulmonary Interstitial Fibrosis 27. Sjogren's Syndrome 28. Systemic Sclerosis 29. Urinary Incontinence 30. Urticaria 31. Venous Thrombotic Disorders 32. Wegener's Granulomatosis

Pharmacist advised therapy (PAT) also known as over-the-counter medicine

Pharmacists are allowed by law to prescribe certain classes of medicine for minor and non-serious diseases i.e., the flu, diarrhea and headaches. The medicine that can be prescribed is restricted to schedule 0 up to schedule 2 medicine and is for a limited treatment period. PlatComprehensive and PlatCap members can get PAT medicine from any of our PH-owned pharmacies or preferred provider pharmacies. PlatFreedom members can get PAT medicine from their pharmacy of choice.

Formularies and protocols

Platinum Health follows a medicine formulary and treatment protocols that are grounded in an evidence-based approach and aligned with global best practices. So certain drug classes are subject to quantity limits and exclusions to promote the safe and appropriate use of medicines.

Contraceptives

Platinum Health offers multiple contraceptive methods available to choose from. PlatComprehensive and PlatCap members can get contraceptives from any of our PH-owned pharmacies or preferred provider pharmacies. PlatFreedom members can get contraceptives from their pharmacy of choice.

Preventative medicine

We focus on preventing different diseases through prophylactic usage for example, adult and child vaccine programmes and malaria prophylaxis. PlatComprehensive and PlatCap members can get preventative medicine from any of our PH-owned pharmacies or preferred provider pharmacies. PlatFreedom members can get preventative medicine from their pharmacy of choice.

Generic medicine

Platinum Health supports generic substitution.

What is generic substitution?

Generic substitution means the substitution of prescribed medicine with medicine marketed by a different company. This is called interchangeable multi-source medicine.





Generic medicines may look different and may contain different non-active ingredients, but they are:

- Allowed for sale after the patents on the original branded drugs expire.
- Typically sold at substantial discounts from the branded price.
- Developed and made by a company other than the company that makes the brand name original drug.



Is generic medicine just as good as branded medicine?

Yes, generic medicine has:

- The same active ingredient as the brand name drug and yields the same therapeutic effect.
- The same strength.
- The same dosage form (e.g. tablet, capsule, cream).
- The same route of administration.
- The same efficiency and safety.



What are the benefits of choosing generic medicine?

- The price of medicine is less.
- It is easier to find a generic medicine equivalent.
- Your medicine benefits will last longer.
- Ensure maximum value of medical scheme benefits without adversely affecting your health. You get the best value from your medical scheme at the best price.

4.2 Preventative Healthcare

Platinum Health offers a range of preventative healthcare benefits to help you stay healthy and prevent illness proactively. Let's take a look!



Cancer screening

Pap Smear Test:

A Pap smear test can spot precancerous changes in the cervical cells. Regular screenings can detect any cervical changes and can protect you from developing cancer.

When to go for screening:

- 21 to 29 years old to get Pap smear tests, repeat every 3 years (unless otherwise indicated by your doctor).
- 30 to 65 years old, begin co-testing (Pap smear test combined with HPV test) every 5 years, or get a Pap smear test every 3 years (discuss your options with your doctor).
- 65+ years old, stop screening if you have had normal results for several years.
- Women living with HIV should go for an annual Pap smear test.



Mammogram

Mammogram screening is an important tool to detect breast cancer early. Mammograms use low-dose X-rays to detect abnormal areas in breast tissue, helping to identify changes that could lead to breast cancer before symptoms appear. Go for screening from age 40, every 2 years.



Prostate antigen test (PSA)

Screening is done with a blood test called the Prostate Specific Antigen (PSA) test to help detect prostate abnormalities. The PSA test is often combined with a digital rectal exam. Talk to a doctor about screening at age 45, or sooner if you have a family history.



Malaria prophylaxis

If you live in or plan to travel to a malaria infected area, protect yourself by getting malaria prophylaxis. Take the prophylaxis exactly as the doctor prescribed and do not stop taking it too early after your return. Most medicines have to be continued for 4 weeks after you leave the malaria-affected area.



Obesity management

If you are obese and have been unable to lose weight on your own, medical help is available. Talk to your primary healthcare provider who will work with you on making needed lifestyle changes.

Vaccines



HPV Vaccine

The HPV vaccine protects against infections caused by the human papillomavirus, which can lead to several types of cancer. Vaccination can significantly reduce the risk of cervical cancer in women and other cancers, including anal, throat, mouth, and several types of genital cancers in both men and women.

It also lowers the chance of HPV infections that cause genital warts and offers long-lasting protection, helping the body fight the virus if exposed. Getting vaccinated also helps protect others by reducing the spread of HPV within the community.



Influenza Vaccine

The vaccine works by teaching your immune system how to recognise and fight the flu virus, so if you're exposed, your body can respond quickly and stop you from getting very sick.

What are the benefits of the flu vaccine?

- It reduces your chances of catching the flu.
- It makes the illness milder and shorter if you do get it.
- It helps prevent hospitalisations and serious complications like pneumonia.
- It protects others, especially babies, the elderly, and those with weakened immune systems, by reducing the spread of the virus.

In short, the flu vaccine is a simple, safe, and effective way to keep yourself and those around you healthier during flu season.



RSV Vaccine

The RSV vaccine helps protect both you and your baby from a virus called respiratory syncytial virus (RSV). RSV is a common cause of lung and breathing infections in babies, especially in the first few months of life, when their immune systems are still developing.

When a pregnant mom gets the RSV vaccine her body makes protective antibodies. These antibodies pass to the baby through the placenta, giving the baby early protection after birth.



Pneumococcal Vaccine

In certain individuals, pneumococcal infection can cause severe pneumonia, blood infections, or meningitis, which can be life-threatening.

The vaccine helps by reducing your risk of serious infections, lowering the chance of hospitalisation or death, and preventing complications that could worsen existing health problems.

In simple terms, for high-risk adults, the pneumococcal vaccine provides an extra layer of protection that can literally save lives.





4.3 Mental Health

Mental health matters because it affects every aspect of our lives, including how we think, feel and act. It enables us to cope with stress, build meaningful relationships and contribute positively to society.

Good mental health is essential for our overall well-being, allowing us to thrive and make informed choices. Mental health is also closely linked to physical health, that's why it's important to maintain a balanced and healthy lifestyle.

Platinum Health's Mental Health Services (MHS) can help you with all kinds of challenges, including anxiety and mood disorders, substance abuse, grief and bereavement and more. You can either make an appointment directly with MHS, or via a GP.

Any member with a mental health emergency should get immediate medical assistance either at a PH medical facility or at the closest emergency room (ER)!

The Mental Health Department Social Workers are available to assist employees who qualify for the Employee Assistance Programme (EAP). The EAP Counselor line **010 133 0525** is available 24 hours a day, 7 days a week and all telephone calls are private and confidential.

Important note:

Identifying mental health issues in its early stages can make a tremendous difference in a person's life. By recognising symptoms early, people can get help before the condition gets worse. This can help them recover faster and greatly reduce the economic and personal costs associated with the illness. We offer a completely confidential service to help improve your quality of your life!



Mental health - Frequently asked questions (FAQs)

Q What is considered a serious mental illness?

A It refers to a set of mental health disorders that significantly impair a person's ability to function in daily life.

Q What causes mental illness?

A Although the exact cause of most mental illnesses is not known, research shows that many of these conditions are caused by a combination of biological, psychological and environmental factors.

Q Once someone has had a mental illness can they ever get better again?

A Yes, most people with mental illnesses who are diagnosed and treated will respond well and live productive lives.

Q How common is mental illness?

A Mental illnesses are very common; in fact, they are more common than cancer, diabetes or heart disease.

Q What are the warning signs of mental illness?

A Symptoms depend on the type and seriousness of the condition. Some general symptoms that may suggest a mental disorder include:

- In adults, it can be confused thinking, long-lasting sadness and irritability, excessive fear, worrying or anxiety, frequent outbursts of anger, sudden onset or increased abuse of drugs and/or alcohol, changes in sleeping and/or eating habits and the inability to cope with daily problems and activities to name a few.
- In younger children it can be changes in school performance, excessive worrying or anxiety, persistent disobedience and/or aggressive behaviour, defying authority, skipping school, stealing or damaging property and hyperactivity.



Q What are the types of mental health professionals?

A Psychiatrists are first trained as medical practitioners but then proceed to receive specialised training in mental disorders. They are licensed to diagnose and use biomedical approaches such as medications to treat mental health conditions.

Clinical Psychologists studied psychology to the level of a Master's Degree with the aim of diagnosing mental health disorders, understanding, treating and preventing them by using evidence-based psychotherapeutic modalities.

Social workers training differs significantly from that of other mental health professionals because their studies focus more on the role of factors and interventions at a social level.

Q What treatment options are available?

A Just as there are different types of medications for physical illness, different treatment options are available for individuals with mental illness, depending on the specific illness. You can ask your mental health professional about the different treatment options available.

Q What do I need to know about the medication?

A The best source of information about the medication is to ask the pharmacist who will give it to you. Most medicine for mental illnesses does not work when taken irregularly and extra doses can cause serious, sometimes dangerous side-effects. Many psychiatric medications start having a beneficial effect only after they have been taken for several weeks.

Q If a medication is prescribed to me and I begin to feel better after taking it, is it okay to stop taking it?

A It is not uncommon for people to stop taking their medication when they feel they feel better. While it may seem reasonable to stop taking the medication, the problem is that at least 50% of the time, the symptoms come back. It is important that your doctor and pharmacist work together to make sure your medications are working safely and effectively. You should talk to them about how you are doing and whenever you notice side-effects that might make you want to stop your treatment.

4.4 Our Managed Care Programmes



Maternity Programme

Platinum Health offers a comprehensive ante-natal service for pregnant members. Our maternity benefits are designed to provide you with the best possible care, from when you fall pregnant until well after your baby has been born. This includes visits to GPs and gynaecologists, and ultrasound scans with pre-authorisation.

Our Case Management team will guide you on which doctors, gynaecologists and hospitals, etc. to use.

Register on the Maternity Programme to enjoy the full benefits!

Here's the process to follow to register:

Step 1

Visit a GP to confirm your pregnancy with a blood test at any Lancet laboratory.

Step 2

Complete the Maternity Programme Registration form. You can get it from Case Management or our website www.platinumhealth.co.za

Step 3

Submit the form to Case Management via any of the following channels:



Tel: 014 590 1700 or 080 000 6942



E-mail: plathealth@platinumhealth.co.za



WhatsApp: 080 000 6942



Face-to-face: The receptionist or Client Liaison Officer **at the medical facility** can help you to complete and submit the document to us!

Step 4

You will receive an e-mail/SMS from us confirming that you're registered on the programme.

Step 5

Our Case Management team will guide you on your pregnancy journey. If your pregnancy is associated with risks, they will help monitor your progress.

Your doctor will refer you to a gynaecologist

Here's what you need to know about your first visit!

PlatComprehensive and PlatCap members:

- You have to get authorisation from us prior to the visit!
- You have to use a DSP gynaecologist.

PlatFreedom members:

- You don't need authorisation for a Specialist visit.
- You need to complete the maternity programme forms and you can visit a gynaecologist of your choice.
- The consultations are covered at 100% medical scheme rates.
- The maternity programme authorisation will cover all the consultations prescribed for the duration of the pregnancy.

Here's the process to follow to get Specialist authorisation from us:

Step 1

Your GP will give you a referral letter and send you for antenatal laboratory tests too.

Step 2

Submit the referral letter and lab test results to Case Management via any of the following channels:



Tel: 014 590 1700 or 080 000 6942



E-mail: plathealth@platinumhealth.co.za



WhatsApp: 080 000 6942

Step 3

We'll evaluate your request and notify you of the outcome:

- If your request is approved, you will receive an authorisation number via e-mail/SMS.
- If your request is rejected, contact Case Management or the PH medical facility to find out why.

Remember:

Take your authorisation number, referral letter, X-rays, blood results and any related documents with you when you visit the gynaecologist!

Follow-up visits with Gynaecologists

What you need to know!

- Routine visits with the Gynaecologist (Specialist) are usually between weeks 10 and 12, as well as week 20 and 22 of your pregnancy.
- From approximately week 32, the checkups will be done every two weeks, and from 36 weeks onwards, every week until delivery.
- You have to get authorisation from us for each visit if you're on the PlatComprehensive or PlatCap options.
- You can follow the same steps to get authorisation as with your first visit.
- If there is a need for more visits due to complications, your GP or treating Specialist will have to send us a clinical motivation, stating the reason why.

Your hospital stay | Find out which hospital to use!

PlatComprehensive and PlatCap members:

- You have to use a DSP hospital.
- You have to get authorisation from us **before** the hospital stay!

PlatFreedom members:

- You have complete freedom of choice to use any hospital.
- 100% medical scheme rates apply.
- You need to get authorisation from us **before** the hospital stay!

When to book the hospital bed!

At 36 weeks, the gynaecologist will give you a letter which you can use to book the hospital bed.

- Submit the letter to Case Management via e-mail, WhatsApp or fax so that we can approve your hospital stay.
- Take the letter to the hospital to book your bed. This must be done **before** your delivery.

We will fund a normal maternity bed as part of your delivery. If you prefer a private room, you will have to pay the difference between the maternity room and the private room.



Here's a quick guide of the benefits you will receive if you are registered on the Maternity Programme:

	PlotComprehensive	PlotCap	PlotFreedom
Antenatal consultations with specialists	8 consultations per pregnancy. - Referral letter needed to see Gynaecologist. - Authorisation is needed for each visit. - DSP specialists will be covered at 100% of agreed rate. - Non-DSP specialists will be covered 100% of Scheme rate.	3 consultations per pregnancy. - Referral letter needed to see gynaecologist. - Authorisation is needed for each visit. - Subject to Specialist consultations limit: 3 visits or R4 575 PB up to 5 visits or R6 636 per family. - DSP specialists will be covered 100% of agreed rates.	8 consultations per pregnancy. - Subject to Maternity benefit limit of R10 830 PMF. - No Specialist authorisation required. - Subject to OAL. 100% of the lower of cost or Scheme rate.
Pregnancy Scans	3 sonars per event/ pregnancy at a GP or Gynaecologist. - Pre-authorisation is needed. - Motivation letter from Obstetrician needed for high-risk pregnancies. - Ultrasound scans are performed three times: at 12 and 22 weeks, and between 23 and 40 weeks. - Other sonars will be for the member's own account, if no complication is registered.	3 sonars per event/ pregnancy at a GP or Gynaecologist. - Pre-authorisation is needed. - Motivational letter from Obstetrician needed for high-risk pregnancies. 3 Ultrasound scans allowed for the duration of pregnancy: at 12 and 22 weeks, and between 23 and 40 weeks. - Other sonars will be for your own account, if no complication is registered.	- Two 2D scans per family for the year. - Subject to Maternity benefit limit of R10 830 PMF. 3D & 4D scans paid up to the rate of a 2D scan only. - Subject to the OAL.
Amniocentesis	100% of Scheme tariff.	100% of Scheme tariff.	- Limited to R10 900 per family. 80% of Scheme tariff. - Subject to the OAL.
Blood tests	- Lancet to be used. - Noninvasive prenatal testing (NIPT) test not covered.	- Lancet to be used. - Noninvasive prenatal testing (NIPT) test not covered.	- Lancet to be used. - Limited to R12 062 per family, subject to OAL. - Noninvasive prenatal testing (NIPT) test not covered.
Antenatal Classes	Not covered.	Not covered.	Not covered.
Supplements	As per option formulary.	As per option formulary.	As per option formulary.
Normal vaginal deliveries	- A stay of 2 days at a DSP hospital (1 night and 2 days). - Authorisation required from Case Management prior to hospital admission.	- A stay of 2 days at DSP hospital only (1 night and 2 days). - No cover for non-DSP hospitals. - Authorisation required from Case Management prior to hospital admission.	- A stay of 2 days at any hospital (1 night and 2 days). - Authorisation required from Case Management prior to hospital admission. - Subject to OAL.
Caesarean section	- A stay of 3 days at a DSP hospital (2 nights and 3 days). - Authorisation needed prior to hospital stay. - Letter of motivation required for elective/planned cases.	- A stay of 3 days at DSP hospital (2 nights and 3 days). - Letter of motivation required for elective/planned cases. - No cover for non-DSP hospitals. - Authorisation is needed prior to hospital stay.	- A stay of 3 days at any hospital (2 nights and 3 days). - Authorisation is needed prior to hospital stay. - Subject to OAL.
Childhood Immunisation	100% of Scheme tariff. - Limited to PH Child Immunisation Programme (excludes consultation cost).	100% of Scheme tariff. - Limited to PH Child Immunisation Programme (excludes consultation cost).	100% of the lower of cost or Scheme rate. - According to the Department of Health protocols (excludes consultation cost.) - Subject to OAL.

Very important!

Once your baby is born, please make sure you register your baby as a dependant on the Scheme **within 30 days** of the delivery. This will give you peace of mind that your baby will receive appropriate medical care if needed!

Baby Bag

To celebrate the arrival of your bundle of joy, you will receive a free baby bag from us, filled with goodies for both you and your newborn. Remember, you have to register on the Maternity Programme to qualify!

Child Immunisations Schedule

Age of child	Vaccines needed	How and where it is given
At birth	BCG	Right arm
6 weeks	RV (1)	Liquid by mouth
	PCV (1)	Intramuscular right thigh
	Hexavalent (DTaP-IPV-Hib-HBV) (1)	Intramuscular left thigh
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV) (2)	Intramuscular left thigh
14 weeks	Rotavirus (2)	Oral
	PCV (2)	Intramuscular right thigh
	Hexavalent (DTaP-IPV-Hib-HBV) (3)	Intramuscular left thigh
6 months	Measles	Subcutaneous left thigh
9 months	PCV (3)	Intramuscular right thigh
12 months	MMR	Subcutaneous right arm
18 months	Hexavalent (DTaP-IPV-Hib-HBV) (4)	Intramuscular left arm
6 years	DTaP-IPV	Intramuscular left arm
	MMR	Subcutaneous right arm
12 years	TDaP-IPV	Intramuscular left arm
Additional Vaccinations		
Boys and Girls – 9 years and older	HPV (1)	Intramuscular non-dominant arm
	HPV (2)	



Vaccines | Frequently asked questions (FAQs)

Q How will my child benefit from getting the MMR vaccine?

A Your child will benefit from the MMR vaccine because it will provide them with long-term protection against measles, mumps and rubella.

Q What's the benefits of getting a dose of Tdap whilst I am pregnant?

- A
- We advise that you get a dose of Tdap between 27 and 36 weeks of pregnancy, although Tdap may be given at any time during your pregnancy.
 - Tdap will protect you from getting tetanus, diphtheria, and pertussis (which is also known as whooping cough).
 - A dose of Tdap will increase your maternal antibody response and ensure that your antibodies are transferred to your infant.

Q What's the benefits of getting the RSV vaccine whilst I am pregnant?

- A
- The RSV vaccine helps protect both you and your baby from a virus called respiratory syncytial virus (RSV).
 - RSV is a common cause of lung and breathing infections in babies, especially in the first few months of life, when their immune systems are still developing.
 - We advise that you get the RSV vaccine between 28 and 36 weeks of your pregnancy.
 - After getting the RSV vaccine, your body produces antibodies which passes to your baby through the placenta, giving your baby early protection after birth.

Q Why it's important for your child to get the HPV vaccine if they're 9 years or older?

- A
- We want to protect your child from getting diseases and therefore we offer the human papillomavirus vaccines (HPV) vaccine to both boys and girls who are 9 years and older.
 - This will protect them from getting cervical cancer, anogenital warts, oropharyngeal cancers and precancers.

If you have any questions, talk to a healthcare provider for guidance.

Abbreviations

BCG	Bacilles Calmette Guerin
DTaP-IPV-Hib-HBV	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined
DTaP-IPV	Diphtheria, Tetanus, Pertussis, Polio
TDaP-IPV	Tetanus, Diphtheria, Pertussis, Polio
HPV	Human papillomavirus
MMR	Measles, Mumps, Rubella
PCV	Pneumococcal Conjugated Vaccine
RSV	Respiratory Syncytial Virus
RV	Rotavirus
TD	Tetanus and reduced strength of Diphtheria Vaccine



Maternity programme | Frequently asked questions (FAQs)

Q Can a medical scheme impose a condition-specific waiting period on pregnancy?

A If the principal member does not register his/her spouse on the medical scheme and she becomes pregnant; and he/she then wants to register her on the Scheme, the Scheme will not cover the pregnancy. However, the baby can be registered on the Scheme if he/she is registered within 30 days from date of birth.

Q What is an ultrasound scan?

A An ultrasound scan, also referred to as a sonogram, diagnostic sonography, and ultrasonography, is a device that uses high frequency sound waves to create an image of some part of the inside of the body, such as the stomach, liver, heart, tendons, muscles, joints and blood vessels. Experts say that as sound waves, rather than radiation are used, ultrasound scans are safe. Obstetric sonography is frequently used to check the baby in the womb.

Q Do I need to get authorisation for my newborn's follow-up visits with the Paediatrician, after delivery?

A Yes, a Paediatrician is a Specialist so an authorisation number should be obtained, prior to the 6-weekly follow-up visit. Only the 6 weeks follow-up after birth will be covered as routine check-up with the Paediatrician. All other visits will be done by the GP/Primary healthcare nurse. After the 6-week visit, the baby will have to be referred by a GP again and a separate authorisation number is needed for each visit with the Paediatrician, only if the baby is sick or has complications.

Very important!

If the baby was seen by the Paediatrician while still in hospital, a different authorisation number will be required for the baby.





Road Accident Fund (RAF) Programme

If you or one of your dependants were injured in a car accident, you will have to go through certain procedures with the Road Accident Fund.

The first thing you should do is to inform Case Management **014 590 1700**,
e-mail: plathealth@platinumhealth.co.za about the accident!

Although the Scheme is not responsible for the expenses of a third-party claim; we will allow you benefits until the third-party's liability is confirmed, and only then will the Scheme recover it from the third-party.

You'll need to lodge a claim with the Road Accident Fund to cover the expenses of the third-party claim, even in case of death. We will refer you to a preferred attorney or you may make use of your own attorney if you want to.

If you use the Scheme's preferred attorney

- Case Management will refer you to a preferred attorney who will assist you with your claim.
- They will assess your accident at no cost to you to determine whether you have a valid claim.
- You must include all accident-related medical expenses claimed from the Scheme.

If you choose to use your own attorney

- You need to provide Case Management with the details of the attorney.
- The attorney must contact Case Management so that they can assist them with your accident-related accounts.

Very important!

If you or your attorney receive any payments from the Road Accident Fund for medical expenses already paid by the Scheme, it is your responsibility to reimburse the amount to the Scheme! If you don't adhere to Scheme Rules, the Scheme may exercise its rights.



Oxygen Management Programme

Platinum Health has developed an Oxygen Management Programme to ensure that all patients who need oxygen at home will receive the appropriate care to make their lives comfortable and manageable.

If you're on the PlatComprehensive or PlatCap options:

- You'll need a prescription from a DSP GP or Specialist to access this service.
- You'll need to get authorisation from Case Management too!

If you're on the PlatFreedom option:

- You'll need to get authorisation from Case Management to access the services.
- You can use our preferred provider or you can contact Case Management **014 590 1700** if you're not sure who to use!

Follow this process to get authorisation:

Step 1

The GP or Specialist will give you a prescription.

Step 2

Submit your prescription to Case Management via any of the following channels:



WhatsApp: **080 000 6942**



E-mail: plathealth@platinumhealth.co.za

Disease Management Programmes



HIV Management Programme

We believe that all our members have the right to be protected from AIDS (Acquired Immunodeficiency Disease Syndrome). That's why we offer treatment, medication and care for all our members who register on the HIV Management Programme.

Why is it important to know your HIV status?

- Knowing your HIV status and enrolling on HIV medicine soon after you find out you are HIV positive, can prevent Advanced HIV Disease or AIDS.

HIV can be transmitted in the following ways:

- Unprotected sex with an infected partner.
- Mother-to-child (during labour).
- Exposure of broken skin or wound to infected blood or body fluids.
- Injection with contaminated objects.



Where to get treatment!

- PlatComprehensive and PlatCap members can get treatment for HIV at any of our medical facilities.
- PlatFreedom members can get tested at their healthcare facility of choice.

What if you're HIV positive, but you're not receiving treatment?

- Taking your HIV medicine as prescribed every day will lower the HIV levels in your blood.
- This means that your HIV viral load will become undetectable, and you cannot transmit HIV to your sexual partner or unborn child.

What if you're HIV positive, but you're not receiving treatment?

- It is very important that you see a doctor so that you can start taking ARV (Anti-Retroviral) treatment as soon as possible!
- Once you start treatment, the key to staying well and becoming viral load suppressed is to make sure that you take your medication regularly as prescribed: which usually means every day at the same time.
- Skipping doses or taking them at different times each day will stop it from protecting your immune system.



What to do if you were exposed to HIV

- Go to a doctor within 72 hours after being exposed to HIV so that you can go onto medication called PEP (post exposure prophylaxis). The medication will prevent you from getting HIV.

Protect yourself!

- If you are at risk of being infected with HIV, you can protect yourself by taking pre-exposure prophylaxis (PreP).
- PreP is medication you take before you're exposed to HIV, for instance if your partner is HIV+ and you are HIV negative (discordant couple) or if your partner's HIV status is unknown.
- You can also protect your infected partner by making sure your viral load stays undetectable, so the HIV is untransmittable to your partner.

Here's how to register on the HIV programme!

The treating doctor will do a thorough clinical examination, enroll you onto the anti-retroviral treatment (ART) register, give you an X-ray and a laboratory form for blood tests. You'll need to go for a follow-up with your treating doctor about your results so that you can start HIV treatment.



Cancer and Oncology Programme

Platinum Health members have access to comprehensive cancer and oncology benefits, according to your option plan. All cancer-related expenses are paid at Scheme tariff.

The first step when diagnosed with cancer is for you to register on the Cancer and Oncology Programme. Your treating specialist will assist you with the registration.

Follow this process to register:

Step 1

The treating doctor will give you a clinical summary, which should contain the following:

- History
- ICD 10 codes
- Clinical findings
- Test results
- Specific type of cancer

Step 2

Submit the documents to Case Management via any of the following channels:



WhatsApp: 080 000 6942



E-mail: plathealth@platinumhealth.co.za

Very important!

You have to get authorisation for chemotherapy, radiotherapy as well as all drug therapies and pain relief used for the side-effects of chemotherapy. Your request will be reviewed according to the Scheme's recognised treatment protocols.





Kidney Disease Management Programme

Platinum Health manages renal dialysis and kidney transplants through its Kidney Disease Management Programme. This ensures that the correct renal treatment protocols are followed and that members get the most effective care.

If you are diagnosed with kidney failure, your Specialist should contact our Case Management Department to pre-authorise your treatment plan. If you require chronic dialysis for end-stage renal disease, you should register on the Dialysis Programme.

Depending on clinical and other parameters, the Scheme will consider funding for peritoneal or haemodialysis. Certain medicines that are used in end-stage renal disease are only covered when the Scheme funding guidelines are met.

The Scheme has appointed Designated Service Providers (DSPs) for renal dialysis services for its members on all benefit options. Only members registered on the Dialysis Programme qualify for benefits.

Follow this process to register:

Step 1

The treating doctor will give you a clinical summary which should contain the following:

- Your condition
- ICD 10 codes
- Clinical findings
- Test results
- Details of any associated disease, e.g., diabetes

Step 2

Submit the documents to Case Management via any of the following channels:



WhatsApp: **080 000 6942**



E-mail: **plathealth@platinumhealth.co.za**





4.5 Medical Emergencies

At Platinum Health, we understand that medical emergencies can happen when you least expect them. That's why we're committed to providing the support and cover you need during urgent, life-threatening situations. Members and dependants can go to the nearest medical facility if faced with life-threatening medical emergencies.

What is regarded as a medical emergency?

A medical emergency is a serious and unexpected situation that involves life-threatening illness or injury and needs immediate action.

A few examples include:



A heart attack



A car crash



A stroke

If you or a loved one is having a medical emergency, here's what you need to do:

- Step 1** Call **AZOZA 0861 746 548**, this number also appears on your membership card!
- Step 2** Give your Platinum Health membership number to the AZOZA Operator.
- Step 3** Trained paramedics will assess the situation and send the most appropriate medical emergency transport to you.
- Step 4** A push notification link will be sent to you (the member) via SMS and once activated, your geolocation will be recorded on the AZOZA system.
- Step 5** You can view the geolocation of the ambulance on your mobile phone.
- Step 6** AZOZA's specialist team will be with you every step of the way!



Out of airtime?

If you're out of airtime and need emergency assistance, send a "please call me" to *130*3272*127# and AZOZA will call you back!

If you are hospitalised!

- Call Case Management 082 800 8727 to authorise your stay.
- Please get authorisation (at the latest) on the first working day following the emergency.

5. Medical Service Providers

It's important to know which medical service providers are available to you on your plan option. In some instances, you'll need a referral letter and/or authorisation to access certain healthcare services. Let's take a look.

PlatFreedom members may use any healthcare providers of their choice, with the exception of Lancet for pathology services. Accounts will be covered at 100% medical scheme rates.

PlatComprehensive and PlatCap members:

- You have to use our medical facilities or designated service providers (DSPs) if you live within 50km of either of them.
- If you are not within 50km of our medical facilities or DSPs, you may use any healthcare provider and the Scheme will pay 100% medical scheme rates. This means if the healthcare provider you use charges more than our medical scheme rates; you will have to pay the difference between what we pay and what the healthcare provider charges!



PH Medical Facilities

Platinum Health (PH) has medical facilities which are placed within easy reach, making healthcare accessible to PlatComprehensive and PlatCap members.

Our medical facilities offer a one-stop solution to you with a multidisciplinary team available to you. The services include, GPs, nurses, dentists, optometrists, pharmacists, physiotherapists, radiologists, psychologists, emergency medical services and more.

Our receptionists are also there to assist you with bookings and getting authorisation for hospital admissions, specialist appointments and more. They will also assist you with registering on disease management programmes such as Oncology, Maternity or any other chronic illness etc.

Refer to page 91 to view the health services, operating hours and contact details of PH medical facilities.



Designated Service Providers (DSPs)

If we don't have our own healthcare providers in your area, we've contracted hospitals, specialists, pathology services and other related DSPs to provide services to you.

How do you benefit from using DSPs?

The Scheme has negotiated tariffs with its DSPs to make sure that you don't have unnecessary co-payments.

Do all members have to use DSPs?

- No, only PlatComprehensive and PlatCap members have to use DSPs!
- PlatFreedom members may use any healthcare provider of their choice, with the exception of Lancet for pathology services.

How to find a DSP:



Use WhatsApp **080 000 6942**



Use the DSP search tool on the website **www.platinumhealth.co.za**

If you are unsure which healthcare provider to use, contact Client Liaison on **014 590 1700**, or e-mail: **phclientliaison@platinumhealth.co.za**



5.1 General Practitioners (GPs)

PlatComprehensive and PlatCap members:

- You have to use Scheme DSP GPs if you live within 50km of them. This includes GPs at our medical facilities or DSP GPs in your area.
- Remember the R80 levy per GP visit applies.
- If you need a GP while away from home, you can use any GP. Just remember that we pay 100% medical scheme rates. This means if the GP you choose to consult charges more than our medical scheme rates; you will have to pay the difference between what we pay and what the GP charges!
- View DSP GPs on WhatsApp **080 000 6942**, visit our website **www.platinumhealth.co.za** or call Client Liaison on **014 590 1700**.

PlatFreedom members have complete freedom of choice to use any GP. Just remember we pay 100% medical scheme rates.



5.2 Specialists

PlatComprehensive and PlatCap members:

- You have to use DSP Specialists, if you live within 50km.
- You have to be referred by a GP or a Specialist.
- You have to get authorisation from Case Management before you consult a Specialist, and for each follow-up consultation with a Specialist.
- If you don't get authorisation, we will not pay for the account, even if you paid cash for the consultation!
- Notify Case Management if the date of the Specialist appointment changes. This will ensure that accounts are not rejected.
- Call Case Management on **014 590 1700** to confirm which Specialists you may use.

Follow this process to get authorisation for Specialist visits:

Step 1

Your GP or Specialist will give you a referral letter.

Step 2

Submit your referral letter to Case Management via any of the following channels:



WhatsApp: **080 000 6942**



E-mail: **plathealth@platinumhealth.co.za**

Step 3

Your request is reviewed by Case Management and the Medical Advisor.

Step 4

We will notify you of the outcome!

- If your request is approved, you will receive an authorisation number from us, via SMS or e-mail.
- If your request is rejected, you can call Case Management on **014 590 1700** to find out why.

PlatFreedom members:

- You have complete freedom of choice to visit any specialist.
- You don't need authorisation to visit a Specialist, with the exception of one authorisation required for the Maternity Programme.

If you are not sure which Specialist to use, call Case Management on **014 590 1700** or **080 000 6942** to confirm!



5.3 Hospitals

PlatComprehensive and PlatCap members:

- You have to be referred by a GP or a Specialist.
- You have to get authorisation from Case Management, prior admission.
- You have to use DSP hospitals if you are located within 50km of them. This will help you avoid unnecessary co-payments and it will ensure that we cover your costs in full!
- View DSP hospitals on our website www.platinumhealth.co.za or call Case Management on **014 590 1700** or WhatsApp us on **080 000 6942**.
- We will pay 100% of the Scheme tariff for the GP, Specialist, Anaesthetist, X-rays or any other medical services or institution.
- The principal member is responsible to negotiate a better rate or discount with the hospital and medical service providers.
- PlatComprehensive members who choose to use a non-DSP hospital, will be covered 100% of Scheme tariff, with a limit of **R180 187** for a family per year. The principal member has to sign a letter confirming that you accept the responsibility of using a non-DSP hospital.

PlatFreedom members may use any hospital of their choice!

- You have to be referred by a GP or a Specialist.
- You have to get authorisation from Case Management.

Other important notes about planned hospital admissions

PlatComprehensive, PlatCap and PlatFreedom members:

- You have to get authorisation from us at least two (2) days prior to being admitted to hospital.
- If your hospital stay is longer than what was initially approved, you need to get authorisation for the additional days.
- If you received additional services or multiple procedures in hospital, other than what was initially approved, you need to get authorisation from Case Management.

Follow this process to get authorisation for hospital visits:

Step 1

The GP or Specialist will give you a referral letter which will contain the following:

- The patient's name, date of birth, membership number and contact details.
- The hospital's name and contact details.
- Details and practice number of the GP or Specialist requesting your hospital admission.
- Admission date.
- Diagnosis.
- ICD 10 code(s).
- Tariff code(s)/procedure code(s).

Step 2

Submit your referral letter to Case Management via any of the following channels:



WhatsApp: **080 000 6942**



E-mail: HospitalConfirmations@platinumhealth.co.za

Step 3

Your request is reviewed by Case Management and the Medical Advisor.

Step 4

We will notify you of the outcome!

- If your admission is approved, you will receive an authorisation number from us via SMS or e-mail.
- If your admission is rejected, you can call Case Management on **014 590 1700** to find out why.

After-hours hospital admissions

- After-hours hospital admissions can be arranged with the Case Manager on call **082 800 8727**.
- Remember we need all related documentation on the first working day after the hospital admission.

Emergency hospital admissions

- In case of a medical emergency, you or your dependants can go to the nearest hospital.
- Emergency admissions can be arranged telephonically with Case Management **082 800 8727**. If you cannot contact them yourself, your doctor, family member or the hospital can contact us on your behalf.
- You have to get authorisation from the Scheme within 24-hours or on the first working day after the emergency! If you don't, your claim will be rejected and you will have to pay for the account.

If you are not sure which hospital to use, call Case Management on **014 590 1700** or **080 000 6942** to confirm!



5.4 Pathology

PlatComprehensive, PlatCap and PlatFreedom members:

- Lancet Laboratories is the Scheme's pathology DSP to provide all pathology services, both in-and-out of hospital.
- If you use another pathology provider, you will incur costs.
- You have to be referred by a GP or a Specialist.
- Always inform your GP or Specialist that Lancet is the Scheme's preferred provider and that pathology requests must be given to Lancet. This is important even when you are admitted to a hospital because doctors and hospitals may choose to use another laboratory at your expense.



5.5 Dentistry

PlatComprehensive and PlatCap members:

- You have to use the Scheme DSPs if you live within 50km. This includes dentists at our medical facilities or DSP dentists in your area.
- You have to get authorisation from Case Management for specialised dentistry. The Scheme will cover 85% of the account at medical scheme rates.
- Braces are covered up to the age of 21 years. Once the member turns 21, no cover will be accepted, internal protocols apply.





Follow this process to get authorisation for specialised dentistry:

Step 1:

The Dental practitioner or Specialist will give you the following:

- Quotation for the treatment.
- X-rays.
- Motivation for your treatment.

Step 2:

Submit the documents to Case Management via any of the following channels:



WhatsApp: **080 000 6942**



E-mail: **plathealth@platinumhealth.co.za**



Tel: **014 590 1700** or **080 000 6942**



Face-to-face: Platinum Health Medical Facilities

Step 3:

Your request is reviewed by Case Management and the Medical Advisor.

Step 4:

We will notify you of the outcome!

- If your request is approved, you will receive an authorisation number from us via SMS or e-mail.
- If your request is rejected, you can call Case Management on **014 590 1700** to find out why.
- You can view DSP dentists on WhatsApp **080 000 6942**, website **www.platinumhealth.co.za** or call Client Liaison on **014 590 1700**.

PlatFreedom members:

- You have complete freedom of choice to use any dentist.
- You have to get authorisation from Case Management for Specialised dentistry.
- You can follow the same procedure as indicated above.



5.6 Optometry

PlatComprehensive and PlatCap members:

- You have to use the Scheme DSPs if you live within 50km. This includes optometrists at our medical facilities or DSP Optometrists in your area. Benefit limits per option plan applies.
- You can view DSP Optometrists on WhatsApp **080 000 6942**, website: **www.platinumhealth.co.za** or call Client Liaison on **014 590 1700**.

PlatFreedom members have complete freedom of choice to use any Optometrist. Benefit limit applies. If you are unsure which Optometrist to use, call Client Liaison on **014 590 1700** to confirm!



5.7 Radiology

PlatComprehensive and PlatCap members:

- You have to use the Scheme DSPs if you live within 50km. This includes Radiologists at our medical facilities or DSP Radiologists in your area.
- You have to get authorisation from Case Management for Specialised radiology such as MRI, CT or PET scans.



Follow this process to get authorisation for Specialised radiology:

Step 1:

The GP or Specialist will give you a referral letter.

Step 2:

- Take the referral letter to the Radiology Department where the scan will be done.
- They will submit the letter to Case Management for approval.
- If you are unsure which radiologist to use, call Case Management on **014 590 1700** to confirm!

PlatFreedom members:

- You have complete freedom of choice to use any radiologist. Benefit limit applies.
- You have to get authorisation from Case Management for Specialised radiology.
- Follow the same step-by-step procedure as indicated above.



5.8 Physiotherapy

PlatComprehensive and PlatCap members:

- You have to use the Scheme DSPs if you live within 50km. This includes Physiotherapists at our medical facilities or DSP Physiotherapists in your area.
- You have to be referred by a GP or a Specialist.

PlatFreedom members:

- You have complete freedom of choice to use any Physiotherapist. Benefit limit applies.
- You have to be referred by a GP or a Specialist.



5.9 Medical and Surgical Appliances

PlatComprehensive members who need wheelchairs, oxygen and cylinders, nebulisers, glucometers and general appliances such as knee braces and foot soles:

- You have to use the Scheme DSPs if you live within 50km.
- You'll need a prescription from a DSP GP or a Specialist.
- You have to get authorisation from Case Management.
- Benefit limits apply.

PlatCap members who need wheelchairs, oxygen and cylinders:

- You have to use the Scheme DSPs if you live within 50km.
- You'll need a prescription from a DSP GP or a Specialist.
- You have to get authorisation from Case Management.
- Benefit limit applies.

PlatFreedom members who need oxygen therapy, nebulisers, glucometers and general medical and surgical appliances and appliance repairs:

- Contact Case Management **014 590 1700** to confirm which providers to use.
- You'll need a prescription from a GP or a Specialist.
- You have to get authorisation from Case Management for oxygen therapy and home cylinders.
- Benefit limits apply.



5.10 Medicine

PlatComprehensive and PlatCap members:

- If you need acute or over-the-counter medicine, you have to use Platinum Health-owned pharmacies if you live within 50km. If you are further than 50km, you may use Platinum Health's (PH) preferred provider pharmacies.
- If you need chronic medicine, you have to use PH-owned pharmacies.
- You can view the PH-owned pharmacies and preferred provider pharmacies on WhatsApp **080 000 6942**, website www.platinumhealth.co.za or call Client Liaison on **014 590 1700**.

PlatFreedom members:

- If you need acute or over-the-counter medicine, you have complete freedom to use any pharmacy. This includes PH-owned pharmacies and preferred provider pharmacies.
- You can get your chronic medicine from a PH-owned pharmacies, or from your pharmacy of choice.

Platinum Health Owned Pharmacies

We have the following in-house pharmacies available at our medical facilities. **This ensures that you have easy access to getting medicine.**

Platinum Pharmacy at the Platinum Health Medical Centre, Rustenburg The Chronic Medication Department is situated at the Platinum Pharmacy.	Tel: 014 590 1700 Fax Chronic prescriptions to 086 577 0274 or 014 590 1752 E-mail orders, applications and general enquiries to: phscript@platinumhealth.co.za
Palladium Pharmacy at the Brits Medical Centre	Tel: 012 133 0181
Union Pharmacy at the Union Hospital	Tel: 010 133 1718 or 0101 133 1707
Chromite Pharmacy at the Amandelbult Hospital	Tel: 087 463 0607 087 463 0515
Norplats Pharmacy at the Northam Medical Station	Tel: 014 784 3157
Bosveld Pharmacy at the Platinum Health Medical Centre, Thabazimbi	Tel: 014 133 0110 or 014 133 0108
Iridium Pharmacy at the Platinum Health Medical Centre, Burgersfort	Tel: 087 463 0408/0409
Nickel Pharmacy at the Mokopane Medical Centre, 112 Thabo Mbeki Avenue, Mokopane, 0600	Tel: 087 463 0138
Osmium Pharmacy at the Mashishing Medical Centre, The Heads Shopping Centre, Voortrekker Street, Mashishing, 1120	Tel: 087 463 0846



Chronic Medicine

If you've been diagnosed with a chronic condition, your doctor will prescribe chronic medication to you. Here's what you need to do to receive the full chronic medication benefits available to you!

PlatComprehensive and PlatCap members:

Register on the Chronic Medication Programme:

- Complete the Chronic Medication Application form as well as the Delivery form. Both forms are available on our website www.platinumhealth.co.za.
- Submit your script, and necessary forms to the Chronic Medication Department via any of the following channels:



Tel: **014 590 1700** or **080 000 6942**



E-mail: phscript@platinumhealth.co.za



Fax: **086 577 0274** or **014 590 1752**



WhatsApp: **080 000 6942 (coming soon)**

Where to get your chronic medication:

- At any PH-owned pharmacy if you live within 50 km.
- If you live further than 50 km from a PH-owned pharmacy, you qualify for your chronic medication to be delivered to you via courier.

Repeat prescriptions:

- You need to place an order at least seven (7) to ten (10) days before the current batch runs out, via any of the following ways:



Tel: **014 590 1700** or **080 000 6942**



E-mail: phscript@platinumhealth.co.za



Fax: **086 577 0274** or **014 590 1752**



WhatsApp: **080 000 6942 (coming soon)**

PlatFreedom members:

Register on the Chronic Medication Programme:

- Complete the Chronic Medication Application form as well as the Delivery form. Both forms are available on our website www.platinumhealth.co.za.
- Submit your script, and necessary forms to the Chronic Medication Department via any of the following channels:



Tel: **014 590 1700** or **080 000 6942**



E-mail: phscript@platinumhealth.co.za



Fax: **086 577 0274** or **014 590 1752**



WhatsApp: **080 000 6942 (coming soon)**

Where to get your chronic medication

You have two options:

- If you order your medication through our Chronic Medication Department, you can either collect it from any of the PH-owned pharmacies, or it will be couriered to you.
- If you opt to use your Pharmacy of Choice, you will have to collect your medication from your Pharmacy of Choice or you will have to arrange courier services with your Pharmacy of Choice.



Repeat prescriptions:

You have two options to order repeat prescriptions:

- If you order your medication through our Chronic Medication Department, you can do so via phone, e-mail, fax or WhatsApp. You can either collect your chronic medication from any of our PH-owned pharmacies, or it will be couriered to you. Place the order at least seven (7) to ten (10) days before the current batch runs out!
- If you choose to use your Pharmacy of Choice, you will have to order and collect your medication or arrange delivery of it with your Pharmacy of Choice.



Preferred Provider Network Pharmacies

Platinum Health is contracted with many pharmacy groups and independently owned pharmacies across South Africa. These include Clicks, Dischem, Medirite, Arrie Nel and The Local Choice pharmacies.



Other Medical Service Providers

If you're unsure which medical service provider to use, call Client Liaison on **014 590 1700** or **080 000 6942**, e-mail: phclientliaison@platinumhealth.co.za or Case Management on **014 590 1700** or **080 000 6942**, e-mail: plathealth@platinumhealth.co.za





6. Claims & Refunds

What you need to know!

To streamline our claims payment processes, we have agreements with designated service providers (DSPs) to submit claims directly to us. This ensures that you don't have to submit claims to us.

But what if I receive an account or tax invoice from a service provider? What should I do?

Call us on **014 590 1700** or **080 000 6942** to confirm whether we have received the account or tax invoice.

If PH hasn't received the account or tax invoice yet, what should I do?

Please submit it to us within four months from the date of services or supplies you received. This will prevent it from becoming stale, which could also result in non-payment.

What is a stale claim?

In terms of the Medical Schemes Act, all claims must be submitted within four months from the last day of the month in which the service was provided. Claims that are not submitted and received within this period will be regarded as stale and ineligible for medical scheme benefits.

Here is a step-by-step guide on how you can submit claims to us:

Step 1:

First make sure the following details appear on the tax invoice or account:

- Tax invoice or account number.
- Your initials, surname, and address.
- Your membership number.
- The dependant code of the patient who received the services or supplies.
- The date, tariff code and detail of the services or supplies you received. (Your doctor can help you with the tariff code if you don't have it).
- The authorisation number, if the tax invoice or account was for a specialist consultation.
- Verify that you or your dependant received the service or supplies, by signing the tax invoice or account.

Step 2:

The next step is to submit the claim to us, using any of the following channels:



E-mail: phclientliaison@platinumhealth.co.za



Mail: Platinum Health, Private Bag X82081, Rustenburg, 0300



Face-to-face: Submit it at a Client Liaison Office near you.

Step 3:

Once we receive your claim, we will process it in accordance with the scheme rules, rates and tariffs.

Step 4:

Once we have processed the refund request, it will be paid.

Step 5:

We will then inform you that the refund has been paid via e-mail. You will also receive an SMS notification and a member statement with full payment details.



Refunds

What you need to know!

As a member, you can request a refund from the Scheme when you pay a healthcare provider upfront. We pay refunds electronically to you as the principal member. So, you need to make sure that we have your correct banking details to process your refund.

How much time do I have to submit my refund request?

You need to submit the refund request to us within four months from the treatment date.

Here is a step-by-step guide on how to submit a refund request to us:

Step 1:

First make sure you have the correct refund documents:

- Proof of payment such as a credit card transaction slip, receipt of payment or a zero-balance statement from the provider specifying transactions.
- Account featuring the following details:
 - Your initials, surname and address.
 - Your membership number.
 - The date, tariff code and detail of the services or supplies you received.
 - The name and date of birth of the patient who received the services or supplies.
 - Authorisation number, where applicable.
 - Name and practice number of the healthcare provider.
 - Diagnosis/ICD10 code.
 - Details of the referring doctor, where applicable.

Step 2:

The next step is to submit a refund request, using any of the following channels:



E-mail: phclientliaison@platinumhealth.co.za



Mail: Platinum Health, Private Bag X82081, Rustenburg, 0300



Face-to-face: Submit it at a Client Liaison Office near you.

Step 3:

Once we receive your refund request, we will process it in accordance with the scheme rules, rates and tariffs.

Step 4:

Once we have processed the refund request, it will be paid.

Step 5:

We will then inform you that the refund has been paid via e-mail. You will also receive an SMS notification and a member statement with full payment details.

Please remember if we don't have your correct contact details on our system, you will not receive these notifications.

To make sure we have your correct contact details, please call Client Liaison on **014 590 1700** or **080 000 6942**, e-mail: phclientliaison@platinumhealth.co.za. They can also help you to update your contact details or answer any questions you may have.



Medical service providers

How to submit claims

As a medical service provider, you have to submit your claims to the Scheme as soon as possible after providing the service or supplies to members. If we receive your claim later than four months after the date of service or supplies provided, your claim will be stale and your account will not be paid by the Scheme.

Here is a step-by-step guide on how to submit claims to us:

Step 1:

First make sure the following details appear on the tax invoice or account:

- Tax invoice or account number.
- Member's initials, surname and address.
- Details of the service or supplies provided such as the date, quantity, timeframe and tariff code for the service or supplies.
- The patient's name, date of birth and dependant code.
- PH authorisation number, where applicable.

Step 2:

The next step is to submit the claim to us, using any of the following channels:



Electronic Data Interface (EDI)



E-mail: SuppliersRPM@platinumhealth.co.za

Step 3:

Once we receive your claim, we will process it in accordance with the medical scheme rules, rates and tariffs.

Step 4:

Once we have processed the claim, it will be paid.

Step 5:

We will then inform you that the claim has been paid. Seven days after the payment is made, a remittance advice is sent to you confirming payment is made.

Medical Service Providers can also request remittance advice using any of the following channels:



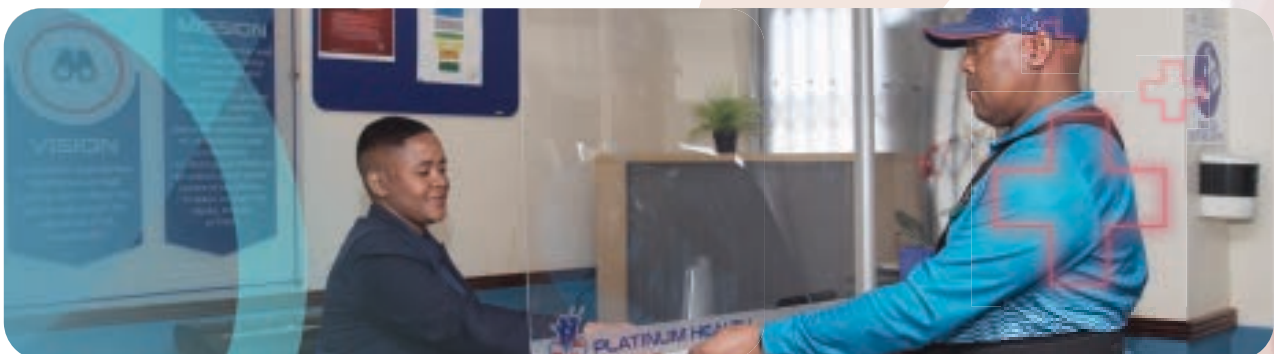
PH website: www.platinumhealth.co.za



Call Supplier Liaison on **014 590 1700**



E-mail: SuppliersRPM@platinumhealth.co.za





Claims and refunds | Frequently asked questions (FAQs)

Q Why are claims rejected, not paid or short-paid?

A Incorrect/invalid member or dependant information

It is important that you keep your personal information updated with the Scheme so that we can process your claims promptly. We rely on your correct information to ensure that we process your claims.

A No available benefits

When you've reached your benefit limits, the Scheme cannot make any more claim payments on your behalf, unless you are eligible for the claim.

A Scheme exclusions

There are specific conditions and treatments which we cannot pay for, in line with the Medical Schemes Act. Items or procedures that aren't covered by the Scheme are called exclusions. Make sure that the procedures, treatments, or medication you receive are covered as the Scheme won't pay for excluded medical services or items. Refer to page 53 for the list of exclusions.

A Incorrect or invalid ICD-10 codes on the claim

Ask the medical service provider to ensure that the ICD10 code on your claim is correct. This is the diagnostic code that tells the Scheme what service was rendered to you.

A Duplicate claim

The Scheme will reject a claim if the same claim was already submitted by a member or service provider and paid by the Scheme.

Q Is a healthcare provider entitled to charge more than the fees determined by the medical scheme tariff?

A Yes, healthcare providers are free to determine their own fees. Consequently, if an account for a particular service is more than the fee determined by the PH Rules, the difference is the responsibility of the member.





7. Blowing the whistle on fraudulent activities!

Fraud is escalating in the medical scheme environment and Platinum Health is vigilant about tracking trends and identifying potential fraud. Fraud committed in the medical scheme has a direct impact on its members as it could lead to increased contributions due to the financial weight placed on the Scheme.

Report any fraud, corruption or unethical behaviour to KPMG FairCall!

You can use the following channels which are available 24/7:



Call **080 115 354** toll-free within the borders of South Africa



E-mail: **hotline@kpmg.co.za**



Website: **www.thornhill.co.za/kpmgfaircallreport**

Provide KPMG with full details such as:

- Who is involved and/or what is being done?
- What has happened?
- How is it done and how often is it done?
- What date and time did it happen?
- Estimated financial value?

Make sure you keep your reference number in case you need to add additional information or if you'd need to do any follow-ups! Rest assured that you will remain anonymous.

Did you know?

You can also report fraud via any of the following Client Liaison channels:

- Client Liaison Call Centre **014 590 1700** or e-mail: **phclientliaison@platinumhealth.co.za**
- Client Liaison Officers at your workplace. Refer to page 89 for more information.

Examples of Fraud, waste and abuse (FWA) by Healthcare Providers:

- Servicing non-members by using the details of registered members.
- Claiming for services not provided.
- Claiming for expensive branded medicine and dispensing the cheaper generic equivalent.

What can I do as a member to help prevent FWA?

- Do not share your medical aid card or personal details with anyone.
- Don't loan your medical scheme card to unregistered dependants!
- Check that the claim reflects the treatment that you received.

Qhubeka Forensic Services

To help us prevent fraud, waste and abuse (FWA), we have appointed Qhubeka Forensic Services (Qhubeka) to assist us with the detection and management of FWA. They may contact you from time-to-time to confirm the date, services and treatment you received.

How will I know if Qhubeka is contacting me?

They will contact you from their office number **012 881 5212** or by e-mail from **qforensics.co.za**



8. Important contact details

Over the course of your Platinum Health membership, you might need to get hold of the Scheme. We want to ensure you have easy access to all the important contact details you might need. Having these details handy will ensure that your queries, claims and authorisations are handled promptly. This can make a big difference to your healthcare experience, especially in emergencies. Please make a note of the following contact details or save them on your phone for easy access!

Important contact details

In the unfortunate event that you're experiencing a medical emergency, call AZOZA for an ambulance, and Case Management to assist with the authorisation process.



Ambulance: **0861 746 548 (AZOZA)**



Case Management normal working hours: **014 590 1700**



Case Management after-hours: **082 800 8727**

Case Management

Your go-to team to help you with **authorising** your specialist visits, hospital admissions, specialised radiology and dentistry, as well as registering on the managed-care programmes.

Case Managers are also available after-hours to assist you in case of emergency too!



Tel: **014 590 1700** or **080 000 6942**



After-hours emergency: **082 800 8727**



WhatsApp: **080 000 6942** (request authorisation or find a DSP)



E-mail: **plathealth@platinumhealth.co.za** (specialist authorisations)



E-mail: **HospitalConfirmations@platinumhealth.co.za** (hospital authorisations)

Chat to us on WhatsApp!

Text to us on **080 000 6942** and follow the steps!



8. Important contact details (continue)

WhatsApp Self-help Service

To access the WhatsApp service, just add **080 000 6942** to your contacts and type "hi" to get the conversation started. You can access various pieces of information 24 hours a day, seven days a week, which includes:

- Accessing your virtual membership card, membership certificate and tax certificate.
- Updating your contact details. (coming soon)
- Finding a PH medical facility or designated service provider (DSP).
- Requesting authorisation.

Client Liaison

Your go-to team to help you with any **queries** you may have about your membership, benefits, claims, refunds, or any other service-related query. We'll assist you through our Call Centre or you can opt to talk to a Client Liaison Officer in person.

Call Centre



Tel: **014 590 1700** or **080 000 6942** (toll free)



WhatsApp: **080 000 6942** (change contact details, access virtual membership card, membership or tax certificate)



E-mail: phclientliaison@platinumhealth.co.za

Client Liaison Officers near you!

Rustenburg Region Office hours: Monday to Friday 07:30 - 16:00		
George Diale	Tel: 083 791 1345	E-mail: George.Diale@platinumhealth.co.za
Violet Mocwagole	Tel: 083 842 0195	E-mail: Violet.Mocwagole@platinumhealth.co.za / violet.mocwagole@implats.co.za
Limpopo Region (Bushveld)		
Peggy Lerefolo	Tel: 083 795 5981	E-mail: Peggy.Lerefolo@platinumhealth.co.za
Olga Lethoko	Tel: 083 719 1040	E-mail: olga.lethoko@norplats.co.za / Olga.Lethoko@platinumhealth.co.za
Dineo Melamu	Tel: 083 455 3054	E-mail: Dineo.Melamu@platinumhealth.co.za
Joyce Raborife	Tel: 060 457 0273	E-mail: Joyce.Raborife@platinumhealth.co.za
Limpopo and Mpumalanga Regions (Eastern Limb)		
Ntsako Ngoveni	Tel: 060 571 0870	E-mail: Ntsako.Ngoveni@platinumhealth.co.za
Rose Makuwa	Tel: 083 787 8833	E-mail: Rose.Makuwa@platinumhealth.co.za
Charmain Morudu	Tel: 083 455 7138	E-mail: Charmain.Morudu@platinumhealth.co.za

*Refer to our website www.platinumhealth.co.za for the latest updates.



8. Important contact details (continue)

Chronic Medication Department

For help with registering on the chronic medication programme or if you need to get a repeat script filled, contact the Chronic Medication Department.



Tel: **014 590 1700** or **080 000 6942** (toll free)



E-mail: phscript@platinumhealth.co.za (new applications or repeat scripts)



Fax: **086 577 0274** or **014 590 1752**



WhatsApp: **080 000 6942** (coming soon)

Supplier Liaison



Tel: **014 590 1700** or **080 000 6942** (toll free)



E-mail: SuppliersRPM@platinumhealth.co.za



Office hours: **Monday to Friday 08:00 – 16:00**

Claims



Tel: **014 590 1700** or **080 000 6942** (toll free)



Members submit claims electronically via zzgplatinumhealthclaims@platinumhealth.co.za



Suppliers submit claims electronically via SuppliersRPM@platinumhealth.co.za



Office hours: **Monday to Friday 08:00 – 16:00**

Platinum Health Corporate Offices: Rustenburg



Tel: **087 463 0660**



Physical Address: 3 Kgwebo Street, Mabe Park, Waterfall East, Rustenburg, 0299



Postal Address: Private Bag X82081, Rustenburg, 0300



Website: www.platinumhealth.co.za

Platinum Health Corporate Offices: Fourways



Tel: **087 463 0660**



Physical Address: Golf Park, Roos Street, Fourways, Sandton, 2055



Postal Address: Private Bag X82081, Rustenburg, 0300



Website: www.platinumhealth.co.za

9. Medical Facilities

Rustenburg Region

Brits Medical Centre ☎ 012 133 0170 Madibeng Mall, Shop No 47, Crocodile Street, Corner of Hendrik Verwoerd Drive (next to R511), Brits, 0250				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	012 133 0170	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 18:00 09:00 – 12:00 Closed	
GP	012 133 0170	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
Dentistry	012 133 0170	Monday to Friday	08:00 – 17:00	
Optometry	012 133 0170	Tuesday & Thursday	08:00 – 17:00	Available by appointment only.
Palladium Pharmacy	012 133 0181	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	Available by appointment only.

Rustenburg Medical Centre ☎ 014 590 1700 Corner of Beyers Naudé Drive and Heystek Street, Rustenburg, 0299				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	014 590 1700	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 18:00 08:00 – 14:00 08:00 – 12:00	
GP	014 590 1700	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 18:00 08:00 – 14:00 08:00 – 12:00	
Dentistry	014 590 1700	Monday to Friday	08:00 – 16:30	
Optometry	014 590 1700	Monday to Friday	08:00 – 16:00	Available by appointment only.
Physiotherapy	014 590 1700	Monday to Friday	08:00 – 16:00	
Radiology	014 590 1700	Monday to Friday	08:00 – 17:00	
Mental Health	014 590 1700	Monday to Friday	08:00 – 16:00	Available by appointment only.
Platinum Pharmacy Acute Medicine	014 590 1700	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 18:00 08:00 – 14:00 08:30 – 12:00	Available by appointment only.
Chronic Medicine Enquiries & ordering Chronic script refills	014 590 1700	Monday to Friday Monday to Friday	08:30 – 16:00 08:00 – 16:00	Chronic script refills are not given out over weekends.

For medical emergencies after 18:00, members have to go to the Emergency Room at Peglerae Hospital, situated at 173 Beyers Naude Drive, Rustenburg, 0299.

Impala Bafokeng Mine Clinic ☎ 014 573 1323 Boskoppiess Farm, Sun City Road, Boshoeck, 0301 Trauma and Emergency available 24 hours/day, 7 days/week				
Service	Contact Number	Days	Hours	Please Note
Impala Bafokeng Mine Clinic	014 573 1323	Monday to Thursday Friday	07:00 – 16:00 07:00 – 13:00	
Primary Healthcare	014 573 1498	Available 24 hours/day, 7 days/week.		
GP	014 573 1498	GPs on call available 24 hours/day, 7 days/ week		
Radiology	014 573 1323	Monday to Thursday Friday	07:00 – 16:00 07:00 – 13:00	
Social Worker	014 573 1323 or 014 573 1545	Monday, Tuesday & Thursday at Clinic	09:00 – 16:00	Available by appointment only.
OHC	014 573 1323	Monday to Thursday Friday	07:00 – 16:00 07:00 – 13:00	

9. Medical Facilities

Rustenburg Region

Mogwase Primary Healthcare Clinic I ☎ 087 463 0983				
Lesego Private Hospital, Unit 6, 2 President Avenue, Mogwase, 0314				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	087 463 0982	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
GP (subject to referral by PHCN)	087 463 0982	Monday to Friday Saturday Sunday & Public Holidays	10:00 – 12:00 14:00 – 16:00 09:00 – 12:00 Closed	

Phokeng Primary Healthcare Clinic I ☎ 087 463 0971				
Phokeng Mall, Shop 44A, Phokeng, 0335				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	087 463 0971	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
GP (subject to referral by PHCN)	087 463 0971	Monday to Friday Saturday Sunday & Public Holidays	10:00 – 12:00 14:00 – 16:00 09:00 – 12:00 Closed	

Sun Village Primary Healthcare Clinic I ☎ 087 463 0523				
Phokeng Mall, Shop 44A, Phokeng, 0335				
Service	Contact Number	Days	Hours	Please Note
Reception	087 463 0522			
Primary Healthcare	087 463 0523	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
GP (subject to referral by PHCN)	087 463 0521	Monday to Friday Saturday Sunday & Public Holidays	10:00 – 12:00 14:00 – 16:00 Closed	



9. Medical Facilities

Limpopo Region (Bushveld)

Amandelbult Hospital I ☎ 014 784 2828

1 Hospital Street, Tumela Mine, Chromite, 0362

Trauma and Emergency 014 784 2828, available 24 hours/day, 7 days/week

Service	Contact Number	Days	Hours	Please Note
Amandelbult Hospital	014 784 2828			
Primary Healthcare Centre, GPs & Professional Nurses	087 463 0413 or 087 463 1102	Monday to Friday Saturday	07:00 – 16:00 08:00 – 11:00	No appointment needed for walk-ins.
Consulting Rooms (GP & Mental Health)	087 463 0056 or 087 463 0085	Monday to Friday	07:00 – 16:00	Available by appointment only.
Dentistry	087 463 0056 or 087 463 0085	Monday to Friday	07:00 – 16:00	
Optometry	087 463 0084	Monday to Friday	07:00 – 16:00	Available by appointment only.
Psychologist	087 463 0056 or 087 463 0085	Tuesday and Thursday	07:30 – 16:00	Available by appointment only.
Social Worker	087 463 0056 or 087 463 0085	Monday and Wednesday Friday	07:30 – 16:00 07:30 – 12:00	Available by appointment only.
Chromite Pharmacy	087 463 0607 or 087 463 0515	Monday to Friday	08:00 – 16:30	Available by appointment only.

Moruleng Primary Healthcare Clinic I ☎ 060 583 5390 or 087 463 0976

Moruleng Mall, Shop No 43, Main Hospital Road (P50-1), Moruleng, 0318

Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	060 583 5390 or 087 463 0976	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
GP (subject to referral by PHCN)	060 583 5390 or 087 463 0976	Monday to Friday Saturday Sunday & Public Holidays	10:00 – 12:00 14:00 – 16:00 09:00 – 12:00 Closed	

Northam Zondereinde Medical Station I ☎ 014 784 3215

Farm Zondereinde 384KQ, District of Thabazimbi, Northam, 0360

Trauma and Emergency 014 784 2396, available 24 hours/day, 7 days/week

Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	014 784 3215	Available 24 hours/day, 7 days/week.		
GP	014 784 3215	Monday to Friday Saturday	07:00 – 16:00 09:00 – 12:00	After-hours GPs on call.
Physiotherapy	014 784 2790	Monday to Thursday Friday	07:00 – 16:00 07:00 – 13:00	
Radiology	014 784 2380 or 014 784 2393	Monday to Friday	07:00 – 16:00	After-hours standby.
OHC	014 784 2393 or 014 784 2215	Monday to Thursday Friday	06:00 – 15:30 06:00 – 13:00	
Norplats Pharmacy	014 784 3157	Monday to Friday	07:30 – 16:00	

Northam Primary Healthcare Clinic I ☎ 014 133 0122 or 014 133 0123

Next to Usave Store, Opal Street, Northam, 0360

Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	014 133 0122 or 014 133 0123 or 014 133 0125	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 08:00 – 12:00 Closed	
GP (subject to referral by PHCN)	014 133 0124/5 or 014 133 0125	Monday to Friday Saturday Sunday & Public Holidays	10:00 – 12:00 14:00 – 16:00 09:00 – 12:00 Closed	

9. Medical Facilities

Limpopo Region (Bushveld)

Setaria Clinic ☎ 014 784 3214 33 Merensky Street, Farm Zondereinde, Setaria Village, 0383				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	014 784 3214	Monday to Friday Saturday	08:00 – 17:00 08:00 – 11:00	
GP	014 784 3214	Monday to Thursday Friday Saturday	08:00 – 17:00 08:00 – 15:00 09:00 – 12:00	After-hours GPs on call.
Dentistry	014 784 3214	Monday to Thursday Friday	08:00 – 17:00 08:00 – 15:00	
Optometry	014 784 3214	Monday & Wednesday Friday	08:00 – 16:00 08:00 – 15:00	Available by appointment only.
Physiotherapy	014 784 3214	Tuesday & Thursday	11:00 – 13:30	
Psychologist	014 784 3214	Monday Friday	08:00 – 17:00 08:00 – 15:00	Available by appointment only.

Thabazimbi Medical Centre ☎ 014 133 0117 9 Watsonia Street, Thabazimbi, 0380 After-hours Emergencies 063 501 0811				
Service	Contact Number	Days	Hours	Please Note
Consulting Rooms	014 133 0117	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 08:00 – 12:00 09:30 – 10:30	Emergencies only.
Primary Healthcare	014 133 0111	Monday to Friday Saturday	08:00 – 17:00 08:00 – 12:00	
GP	014 133 0117	Monday to Friday Saturday Sunday & Public Holidays	09:00 – 17:00 09:00 – 12:00 09:30 – 10:30	Emergencies only.
Dentistry	014 133 0106	Monday & Thursday Tuesday & Wednesday Friday Saturday, Sunday & Public Holidays	07:00 – 17:00 07:00 – 16:00 07:00 – 16:30 Closed	
Optometry	014 133 0106	Tuesday & Thursday	07:30 – 16:30	Available by appointment only.
Social Worker	014 133 0106	Tuesday, Wednesday & Thursday Friday	07:30 – 16:00 13:30 – 16:00	Available by appointment only. Available by appointment only.
Bosveld Pharmacy	014 133 0110 014 133 0108	Monday to Friday Saturday Sunday & Public Holidays	08:30 – 17:30 08:30 – 12:00 09:30 – 10:30	

Union Hospital ☎ 010 133 1613 Hospital Street, Swartklip, 0370 Casualty 010 133 1746				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare (OPD)	010 133 1733	Monday to Friday	06:00 – 16:00	
Consulting Room	010 133 1709 or 010 133 1706	Monday to Friday	07:00 – 16:00	Booking for consulting starts at 08:00.
Dentistry	010 133 1745 or 010 133 1728	Monday to Friday	07:00 – 16:00	
Optometry	010 133 1744	Monday to Friday	06:00 – 15:30	
Radiology	010 133 1729	Monday to Friday	06:00 – 16:00	
Physiotherapy	010 133 1701 or 010 133 1501	Monday to Friday	07:00 – 15:30	
Psychologist	010 133 1709 or 010 133 1706	Every Wednesday		Available by appointment only.
Social Worker	010 133 1736	Monday to Friday	07:30 – 16:00	
Union Pharmacy	010 133 1718 or 010 133 1707	Monday to Friday	07:00 – 16:00	

9. Medical Facilities

Limpopo Region (Eastern Limb)

Burgersfort Medical Centre | 📞 087 463 0275
 Tubatse Crossing Mall, Shop No UG05, Burgersfort, 1150

Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	087 463 0275	Available 24 hours/day, 7 days/week		
GP	087 463 0275	Monday to Friday Saturday Sunday & Public Holidays	08:30 – 17:00 09:00 – 12:00	After-hours GPs on call. GPs on call.
Dentistry	087 463 0406	Monday to Friday Saturday, Sunday & Public Holidays	08:00 – 17:00 Closed	Available by appointment only.
Optometry	087 463 0406	Monday to Friday Saturday, Sunday and Public Holidays	07:30 – 16:00 Closed	Available by appointment only.
Psychologist	087 463 0406	Thursday		Available by appointment only.
Social Worker	087 463 0406	Friday	08:00 - 16:00	Available by appointment only.
Iridium Pharmacy	087 463 0408 or 087 463 0409	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 08:00 – 13:00 Closed	

Jane Furse Medical Centre | 📞 087 463 0851
 Stand 84 Zambezi, Vergelegen C, Jane Furse, 1085
 Trauma and Emergency available 24 hours/day, 7 days/week

Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	087 463 0851	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
GP	087 463 0851	Monday to Friday Saturday Sunday and Public Holidays	11:00 – 13:00 15:00 – 17:00 09:00 – 12:00 Closed	
Dentistry	087 463 0851	Tuesday	09:00 – 15:00	Available by appointment only.
Optometry	087 463 0851	Tuesday	10:00 – 14:00	Available by appointment only.

Mokopane Medical Centre | 📞 087 463 0835
 112 Thabo Mbeki Avenue, Mokopane, 0600
 Trauma and Emergency available 24 hours/day, 7 days/week

Service	Contact Number	Days	Hours	Please Note
Reception	087 463 0835 or 087 463 0667			
Primary Healthcare	087 463 0835	Available 24 hours/day, 7 days/week		
GP	087 463 0835	Monday to Friday Saturday Sunday	08:00 – 18:00 09:00 – 12:00	GPs on call.
Psychologist	087 463 0835	Tuesday to Thursday		Available by appointment only.
Social Worker	087 463 0835	Monday and Friday		Available by appointment only.
Nickel Pharmacy (coming soon)	087 463 0138	Monday to Friday Saturday, Sunday & Public Holidays	08:00 – 17:00 Closed	

9. Medical Facilities

Limpopo Region (Eastern Limb)

Modikwa Platinum Mine Clinic ☎ 010 133 1766 Montrose Road, Driekop, 1192 Trauma and Emergency available 24 hours/day, 7 days/week				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	010 133 1766 or 010 133 1545	Available 24 hours/day, 7 days/week		
GP	010 133 1769	Monday to Friday	08:00 – 16:30	After 16:30 available for injury on duty and emergencies only.
		Saturday	08:00 – 12:00	After 12:00 available for injury on duty and emergencies only.
		Sunday & Public Holidays		Injury on duty and emergencies only.
Radiology	010 133 1765	Monday to Thursday Friday	07:00 – 16:00 07:00 – 13:00	
OHC	010 133 1760 010 133 1756	Monday to Thursday Friday	06:30 – 15:30 06:30 – 12:30	
Social Worker	010 133 1779	Tuesday and Wednesday	08:00 - 16:00	
Rehabilitation and Functional Centre	010 133 1758	Monday to Thursday Friday	06:30 – 15:30 06:30 – 12:30	
Modikwa Accounts Voucher Office	010 133 1775	Monday to Thursday Friday	06:30 – 15:30 06:30 – 12:30	
Rand Mutal Office	010 133 1776	Monday to Thursday Friday	06:30 – 15:30 06:30 – 12:30	

Steelpoort Primary Healthcare Clinic ☎ 013 133 0281 Jorge Business Park, Ext 7, Ext of Portion 5 Olifantsfontein, R555 Road, Steelpoort, 0281				
Service	Contact Number	Days	Hours	Please Note
Primary Healthcare	013 133 0281	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 17:00 09:00 – 12:00 Closed	
GP (subject to referral by PHCN)	013 133 0281	Monday to Friday Saturday Sunday & Public Holidays	11:00 – 13:00 15:00 – 17:00 09:00 – 12:00 Closed	



9. Medical Facilities

Mpumalanga Region (Eastern Limb)

Mashishing Medical Centre | ☎ 087 463 0846

The Heads Shopping Centre, Voortrekker Street, Mashishing, 1120

Service	Contact Number	Days	Hours	Please Note
Reception	087 463 0846			
Primary Healthcare	087 463 0526	Available 24 hours/day, 7 days/week		
GP	087 463 0846	Monday to Friday Saturday Sunday & Public Holidays	08:00 – 18:00 08:00 – 11:00	GPs on call.
Osmium Pharmacy (coming soon)	087 463 0846	Monday to Friday Saturday, Sunday & Public Holidays	08:00 – 17:00 Closed	





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.

