
PLATINUM
HEALTH
Plat
Cap Option
2027
Effective 1 January 2027



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Our Vision, Mission & Values

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.

Values

- Care
- Affordability
- Accessibility
- Accountability
- Equity
- Ethical
- Efficiency
- Agility

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
SAOA	South African Optometry Association
RSV	Respiratory Syncytial Virus Vaccine

Platinum Health Abbreviations

Scheme tariff	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.

PlatCap Option

Benefits 2027

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 2027

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	**R402** PB per annum, **R791** 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 **R179** per event.

PlatCap Option
Benefits 2027

	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 **R4,781** per beneficiary, up to **5 visits** or **R6,935** 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 2027

Service		% Benefits	Annual Limits	Conditions/ Remarks
B	Day-To-Day Benefits (Continue)			
6	Occupational Therapy, Physiotherapy & Biokinetics	100% of cost/ negotiated tariff	**R5,449 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 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 2027

Service		% Benefits	Annual Limits	Conditions/ Remarks
B	**Day-To-Day Benefits (Continue)**			
12	Optometry	100 % of Scheme tariff	Combined 2-year benefit limit of **R1,650.** 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. • 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.
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	

PlatCap Option
Benefits 2027

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 **R67,576** 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 2027

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	**R17,285** 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	**R8,090** 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 2027

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 **R40,060** 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	**R6,446 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 2027

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 2027

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 **R21,252** 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 **R75,873** 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.

PlatCap Option
Contributions 2027

Salary band	Band 1 R0 - R16 207	Band 2 R16 208 - R25 272	Band 3 R25 273+
Principal	R 1 630	R 1 980	R 3 724
Adult	R 1 630	R 1 980	R 3 724
Child	R 665	R 832	R 1 294

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.

Prescribed minimum benefits

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

General Scheme Exclusions

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

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

- All costs that exceed the annual or 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.

General Scheme Exclusions (Cont.)

- 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.
- 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).

General Scheme Exclusions (Cont.)

- 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 covered for by Scheme protocols, for example, Yellow fever for travel purposes.
- Refractive eye surgery, excimer laser treatment. (excluding PlatFreedom).

Contact Details

Medical emergency services (ambulance): 0861 746 548 (AZOZA)

After-hours Case Management: 082 800 8727

Platinum Health offers a convenient one-stop service, giving members access to a wide range of healthcare professionals and the assurance of competent case management in line with the Scheme's vision of providing quality, affordable healthcare.

An efficient administration team is ready to help you with:

- Your request for information;
- Obtaining pre-authorisation;
- Registration on a management programme;
- Claims enquiries; and
- Emergency procedures.

To ensure a quick response to your enquiry, contact Client Liaison or Case Management by calling toll free or e-mailing.

Platinum Health Corporate Office

Tel:	087 463 0660
E-mail:	phclientliaison@platinumhealth.co.za
Physical address:	3 Kgwebo Street, Mabe Office Park, Rustenburg, 0299
Postal address:	Private Bag X82081, Rustenburg, 0300
Office hours:	Monday to Friday 07:30 – 16:00

Client Liaison

Tel:	014 590 1700 or 080 000 6942 (toll free)
E-mail:	phclientliaison@platinumhealth.co.za
WhatsApp:	080 000 6942 (Access digital membership card, membership or tax certificate)
Office hours:	Monday to Friday 08:00 - 16:00

Case Management

Tel:	014 590 1700 or 080 000 6942 (toll free)
A/H emergency:	082 800 8727
E-mail:	plathealth@platinumhealth.co.za (specialist authorisation) HospitalConfirmations@platinumhealth.co.za (hospital pre-authorisation and authorisation)
WhatsApp:	080 000 6942 (Request authorisation)
Office hours:	Monday to Thursday 09:00 – 17:00 , Friday 09:00 – 16:00

Membership

Tel:	014 590 1700 or 080 000 6942 (toll free)
E-mail:	zzgengagementofficemembership@platinumhealth.co.za
Office hours:	Monday to Friday 08:00 – 16:00

Chronic Medication

Tel:	014 590 1700
Fax:	086 577 0274
E-mail:	phscript@platinumhealth.co.za (Orders, applications and general enquiries)
WhatsApp:	080 000 6942 (Orders, refills, and choose collection or delivery)

PLATINUM HEALTH

Your health matters

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

Facebook

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080 000 6942

platinumhealth.co.za

3 Kgwebo Street, Mabe Office Park, Rustenburg, 0299

PLATINUM HEALTH

Platinum Health Corporate Office

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.