

Plat

Comprehensive

2027

Effective 1 January 2027

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.

PlatComprehensive Option

Benefits 2027

Platinum Health's premium product, PlatComprehensive offers exceptional benefits, designed to meet the most demanding healthcare needs. It boasts extensive benefits such as unlimited hospitalization 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 2027

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 voluntary 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 2027

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	**R188,295 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 prior to admission and in the event of an emergency, the Scheme shall be notified of such an emergency within one working day after admission.

PlatComprehensive Option
Benefits 2027

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	**R438 PB,** subject to a limit of **R1,183 PMF**	• Subject to Platinum Health network pharmacy and **R212** 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 2027

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	**Medroxyproge-sterone: every three months**	• Medroxyproge-sterone 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 2027

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	**R15,194 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
				  • Prosthodontics, 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 2027

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 2027

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	**R5,634 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 2027

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	100% of Scheme tariff	**R8,705 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		**R790 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		**R4,929 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 2027

Service		% Benefits	Annual Limits	Conditions/ Remarks
0	**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 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.
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. • RSV Vaccine for Pregnant Women: Pre-authorisation required.
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	

PlatComprehensive Option
Benefits 2027

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 **R3,296 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 oval 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 2027

Service		% Benefits	Annual Limits	Conditions/ Remarks
R	**Auxiliary Services**			
1	Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme tariff	Combined limit **R9,519 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	**R15,900 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	**R9,519 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).

PlatComprehensive Option
Contributions 2027

Salary band	Band 1 R0 - R25 512	Band 2 R25 513 - R38 503	Band 3 R38 504 +
Principal	R 2 186	R 3 161	R 3 747
Adult	R 2 186	R 3 161	R 3 747
Child	R 740	R 1 126	R 1 302

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.
- Accommodation and/or treatment in headache and stress-relief clinics, spas and resorts for health, slimming, recuperative or similar purposes.

General Scheme Exclusions (Cont.)

- 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).
- 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.

General Scheme Exclusions (Cont.)

- 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

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.