

# Update

issue 4 2023

## PLATINUM HEALTH



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## 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



# MESSAGE FROM THE PRINCIPAL OFFICER'S DESK



The Platinum Health (PH) Board of Trustees (BOT) has recently concluded the 2024 budget which includes an annual review of the scheme benefits and contributions.

The Platinum Health (PH) Board of Trustees (BOT) concluded the 2024 annual review of the scheme benefits and contributions. In this review new benefits enhancements were done, and also new benefits added. These include obesity management, contraceptives benefit enhancement to name a few of these benefits.

The BOT in doing the annual review of benefits and contributions, considered various factors in the Platinum Group Metals and Chrome industries like the commodity prices and the broader economic outlook of the country. PH also takes into consideration salary negotiations in these industries in order stay on par with industry developments that influence member's ability to purchase healthcare. Having considered these factors mentioned above, the BOT decided that Plat Cap, PlatComprehensive and PlatFreedom contributions be increased by 7% and benefits limits be increased by 5.5% with effect from January 2024. The PH BOT believes that this increase is amongst the lowest in the industry.

PH contributions are salary band based as result, the BOT reviewed the salary bands on the three options, ensuring that no members will creep to a higher salary band contribution because of annual salary increases.

The Platinum Health Executive Committee (EXCO) in October 2023 undertook a series of roadshows launching the new 2024 benefits and

contributions and also letters outlining the benefits and contributions increases have been distributed in the beginning of November 2023 to all members and participating employers.

In view of all the changes in PH mentioned above, I would like to call upon all employees in PH participating employers that, it is the time to join Platinum Health and they can do so now until 30 November 2023.

Platinum Health leads the industry by providing rich benefits which includes but are not limited to the following:

- Unlimited hospitalisation
- Unlimited medicine - acute as well as chronic
- Unlimited prosthesis benefit
- Unlimited radiology benefit (in-and-out of hospital)
- Unlimited specialist benefit (in-and-out of hospital)

Join Platinum Health - the mineworker's medical scheme of choice in the Platinum Group Metals and Chrome industries!

A handwritten signature in black ink, appearing to read 'Welcome Mboniso'. The signature is stylized and cursive.

Yours faithfully,

**Welcome Mboniso - Principal Officer**

# Product launches 6 & 13 October 2023



# Product launches 20 & 27 October 2023



# PLATCOMPREHENSIVE OPTION

## Benefits for 2024

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.

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>A</b>	<b>STATUTORY PRESCRIBED MINIMUM BENEFITS</b>			
1		100% of cost	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Services rendered by a public hospital or the Scheme's DSP at cost. No levy or co-payment shall apply.</li> <li>Subject to regulation 8(3) any service rendered by a non-DSP on a voluntary basis will be paid at 100% of Scheme tariff.</li> </ul>
		100% of Scheme tariff		
<b>B</b>	<b>GENERAL PRACTITIONER SERVICES</b>			
1	Consultations and visits (in-and-out of hospital)	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of Scheme DSPs are obliged to utilise scheme DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Consultations during normal working hours: <b>R80</b> levy per patient visit will apply.</li> <li>Consultations after normal working hours: <b>R80</b> levy per patient visit will apply.</li> <li><b>Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.</b></li> </ul>

Service	% Benefits	Annual Limits	Conditions/Remarks	
<b>C SPECIALIST SERVICES</b>				
1	Consultations and visits (in-and-out of hospital)	100% of Scheme tariff/negotiated rate	Unlimited	<ul style="list-style-type: none"> <li>Pre-authorisation needs to be obtained prior to consulting any specialist.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.</li> </ul>
		100% of Scheme tariff	Unlimited	<ul style="list-style-type: none"> <li>Pre-authorisation needs to be obtained prior to consulting any specialist.</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> </ul>
<b>D HOSPITALISATION</b>				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff/negotiated rate	Unlimited	<ul style="list-style-type: none"> <li>Where possible, own facilities shall be utilised. Members to be referred by general practitioners or specialists. Subject to clinical protocol approval. No levy is applicable for hospitalisation at a DSP hospital provided that the Scheme's DSP practitioner or specialist has referred the member and that the hospitalisation is authorised.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to regulation 8(3).</li> <li>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).</li> <li>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.</li> </ul>
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	<ul style="list-style-type: none"> <li>Subject to Scheme formulary and regulation 8(3).</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>Non-Designated Service Provider Hospital</b>				
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of Scheme tariff	<b>R172,428 PMF</b>	<ul style="list-style-type: none"> <li>Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed to have voluntarily obtained services.</li> <li>Members to be referred by general practitioners or specialists.</li> <li>Preauthorisation is required subject to clinical protocol approval and regulation 8(3).</li> </ul>
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	<ul style="list-style-type: none"> <li>Subject to Scheme formulary and regulation 8(3).</li> </ul>

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.

<b>E MEDICATION</b>				
1	Acute	100% of Scheme formulary	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.</li> <li>The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
2	PAT/OTC	100% of Scheme formulary	<b>R401</b> PB, subject to a limit of <b>R1,083</b> PMF	<ul style="list-style-type: none"> <li>Subject to Platinum Health network pharmacy and <b>R194</b> per event.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication.</li> <li>The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Scheme formulary.</li> <li>Admin fees or levies will not be covered.</li> </ul>



	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>E</b>	<b>MEDICATION (continue)</b>			
3	Chronic	100% of Scheme formulary	Unlimited for CDL conditions and additional chronic disease list	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
4	<b>Contraceptive benefits:</b> Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	<ul style="list-style-type: none"> <li>Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.</li> <li>The Scheme shall accept liability of 100% of the Scheme tariff.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogesterone: every three months Norethisterone: every two months	
	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	
<b>F</b>	<b>DENTAL SERVICES</b>			
1	Conservative Dentistry	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located further than 50km radius from DSPs would be covered at 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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.</li> </ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>F</b>	<b>DENTAL SERVICES (continued)</b>			
2	Specialised Dentistry	85% of Scheme tariff	<b>R13,914 PMF</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located further than 50km radius from DSPs would be covered at 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>Authorisation required for specialised dentistry, subject to clinical protocol approval.</li> <li>A 15% co-payment of the benefit limit shall apply in respect of the repair and replacement of dentures.</li> <li>Dentures shall be limited to one set every three years from anniversary of claiming PB. Subject to benefit limit.</li> <li>Orthodontic treatment benefit limited to patients under 21 years, subject to scheme clinical protocol.</li> <li>The Scheme will accept liability for the under mentioned treatment and a 15% co-payment of the benefit limit shall apply: <ul style="list-style-type: none"> <li>Internal and External orthodontic treatment</li> <li>Prosthodontics, periodontics, and endodontic treatment</li> <li>Porcelain veneers and inlays</li> <li>Crown and Bridge work</li> <li>Metal Dentures</li> <li>External laboratory services</li> </ul> </li> </ul>
<b>G</b>	<b>RADIOLOGY</b>			
1	In-and-out of hospital	100% of Scheme tariff/negotiated rate	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise a DSP will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located further than 200km radius from DSP shall be deemed to have obtained services involuntary in which case the Scheme will cover 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist and Scheme DSP shall be utilised at all times.</li> <li>Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to clinical protocol approval and regulation 8(3).</li> </ul>
		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>Pre-authorisation shall be obtained for all specialised radiological investigations (MRI and CT scans), subject to protocols.</li> </ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>H</b>	<b>PATHOLOGY</b>			
1	In-and-out of hospital	100% of Scheme tariff/negotiated rate	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>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.</li> </ul>
		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located between 50 - 200km radius who elect to utilise non-DSPs shall be deemed as to have voluntary obtained services.</li> <li>Members to be referred by a general practitioner or specialist, subject to clinical protocol approval and regulation 8(3).</li> </ul>
<b>I</b>	<b>PHYSIOTHERAPY AND BIKINETICS</b>			
1	In-hospital	100% of Scheme tariff/negotiated rate	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>
		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>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 clinical protocol and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>I PHYSIOTHERAPY AND BOKINETICS (continued)</b>				
2	Out-of-hospital	100% of Scheme tariff	<b>R5,159 PMF</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>
<b>J CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANT AND KIDNEY DIALYSIS</b>				
1		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
<b>K EMERGENCY MEDICAL TRANSPORT (ROAD-AND-AIR)</b>				
1		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).</li> </ul>
<b>L BLOOD TRANSFUSIONS</b>				
1		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). Includes the cost of blood, blood equivalents, blood products and the transport of blood.</li> </ul>
<b>M MEDICAL AND SURGICAL APPLIANCES</b>				
1	Wheelchairs	100% of Scheme tariff	<b>R7,971 PB</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>One every three years.</li> </ul>
2	Oxygen and Cylinders		<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
3	Nebulisers and Glucometers		<b>R723 PB</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>One every three years.</li> </ul>
4	General		<b>R4,514 PMF</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>N</b>	<b>PACEMAKER, PROSTHETIC VALVES, VASCULAR PROSTHESIS AND ORTHOPAEDIC PROSTHESIS</b>			
1		100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3). The following surgical procedures are not covered: <ul style="list-style-type: none"> <li>Finger/Toe joint replacement</li> <li>Pain pump/Neurostimulator for chronic back pain.</li> <li>Da Vinci Surgical System</li> </ul> </li> </ul>
<b>O</b>	<b>PREVENTATIVE HEALTHCARE</b>			
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	<b>Annually</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to scheme protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> </ul>
2	Malaria prophylaxis	100% of Scheme formulary	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.</li> </ul>
3	Obesity Management	100% of Scheme tariff and formulary	Non-surgical Weight Management	<ul style="list-style-type: none"> <li>The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.</li> <li>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.</li> </ul>
4	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary	<ul style="list-style-type: none"> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
<b>P</b>	<b>CHILD IMMUNISATION</b>			
1	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	<ul style="list-style-type: none"> <li>Subject to Scheme protocols (excludes consultation cost).</li> </ul>

Service	% Benefits	Annual Limits	Conditions/Remarks	
<b>Q OPTOMETRY SERVICES</b>				
1	Eye Examination, frames, lenses, contact lenses and disposable contact lenses	100% of Scheme tariff	Combined 2-year benefit limit of <b>R3,018 PB</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Limited to one set of spectacles or range of contact lenses per beneficiary, every 2 years from anniversary of claiming PB, up to benefit limit.</li> </ul>
2	Correction of vision surgery	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>The benefit excludes excimer laser treatment.</li> </ul>
3	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation PB per annum	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> </ul>
<b>R AUXILIARY SERVICES</b>				
1	Audiology (excluding Hearing aids), Speech therapy, Occupational therapy	100% of Scheme tariff	Combined limit <b>R8,717 PMF</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Subject to referral by medical practitioner.</li> </ul>
2	Hearing Aids	100% of Scheme tariff	<b>R14,560 PB</b>	<ul style="list-style-type: none"> <li>Subject to referral, authorisation, Scheme DSP utilisation and clinical protocol approval by the Scheme.</li> <li>Subject to regulation 8(3).</li> <li>Benefit only every three years.</li> </ul>

Service	% Benefits	Annual Limits	Conditions/Remarks
<b>S CLINICAL PSYCHOLOGY (EXCLUDING SCHOLASTIC AND FORENSIC RELATED TREATMENT)</b>			
1 Clinical Psychology (excluding scholastic and forensic related treatment)	100% of Scheme tariff	<b>R 8,717 PMF</b>	<ul style="list-style-type: none"> <li>To be referred by a medical practitioner.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> </ul>

## Contributions for 2024

Salary Band	Band 1 R0 – R20 825	Band 2 R20 826 – R31 430	Band 3 R31 431+
Principal	R1,729	R2,501	R2,965
Adult	R1,729	R2,501	R2,965
Child	R585	R890	R1,030

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

## Benefits for 2024

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.

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>A STATUTORY PRESCRIBED MINIMUM BENEFITS</b>				
1		100% of cost	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>All services rendered by a public hospital or the schemes DSP at costs.</li> <li>No levy or co-payment shall apply.</li> </ul>
<b>B DAY-TO-DAY BENEFITS</b>				
1	GP Consultations and visits	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of Scheme DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius of Scheme DSPs may utilise any GPs and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Consultations during normal working hours: <b>R80</b> levy per patient visit will apply.</li> <li>Consultations after normal working hours: <b>R80</b> levy per patient visit will apply.</li> <li><b>Provided that the patient is referred by the Primary Health Registered Nurse, no levy shall apply.</b></li> </ul>



	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>B</b>	<b>DAY-TO-DAY BENEFITS (continued)</b>			
2	Acute medication	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
3	PAT/OTC	100% of Scheme tariff	<b>R368</b> PB per annum, <b>R724</b> PMF	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located outside a 50km radius of network provider pharmacies may utilise non-DSPs for medication.</li> <li>The Scheme shall accept liability of 100% of the therapeutic reference price list as per the Plat Cap Option formulary.</li> <li>Admin fees or levies will not be covered. Subject to Plat Cap option formulary and <b>R164</b> per event.</li> </ul>
4	<b>Contraceptive benefit:</b> Hormonal subdermal progestin-only implants	100% of Scheme tariff	One every three years	<ul style="list-style-type: none"> <li>Members located within a 50km radius of a Platinum Health owned pharmacy are obliged to utilise such pharmacies, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of a Platinum Health owned pharmacy may utilise DSP pharmacies for medication.</li> <li>The Scheme shall accept liability of 100% of the Scheme tariff.</li> <li>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.</li> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
	Levonorgestrel Intrauterine device (LNG-IUD)	100% of Scheme tariff	One every five years	
	Injectable Contraception hormonal	100% of Scheme tariff	Medroxyprogesterone: every three months  Norethisterone: every two months	
	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	

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>B</b>	<b>DAY-TO-DAY BENEFITS (continue)</b>			
5	Specialist Consultations	100% of Scheme tariff	3 visits or <b>R4,378</b> per beneficiary, up to 5 visits or <b>R6,350</b> per family	<ul style="list-style-type: none"> <li>• Pre-authorization needs to be obtained prior to consulting any specialist.</li> <li>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>• Members located between 50 - 200km radius who elect to utilise non-DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>• 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 clinical protocol approval and regulation 8(3).</li> <li>• Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times.</li> <li>• Subject to clinical protocol approval and regulation 8(3).</li> </ul>
6	Occupational Therapy, Physiotherapy & Biokinetics	100% of cost/ negotiated tariff	<b>R4,989 PMF</b>	<ul style="list-style-type: none"> <li>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>• Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>• 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 clinical protocol approval and regulation 8(3).</li> <li>• Members to be referred by general practitioners or specialists. Subject to clinical protocol approval.</li> </ul>
7	General radiology	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>• Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>• Members located between 50 – 200km radius of Scheme DSPs may utilise any provider and will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>• 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 clinical protocol approval and regulation 8(3).</li> <li>• Members to be referred by general practitioners or specialists and Scheme DSPs shall be utilised at all times. Subject to clinical protocol approval.</li> <li>• Approved black and white X-rays and soft tissue ultrasound.</li> </ul>

Service		% Benefits	Annual Limits	Conditions/Remarks
<b>B DAY-TO-DAY BENEFITS (continue)</b>				
8	Pathology	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members are obliged to utilise DSPs, subject to regulation 8(3).</li> <li>Subject to referral by Scheme's DSP Medical Practitioner, clinical protocol approval and according to a list of approved tests.</li> </ul>
9	Conservative Dentistry	100% of Scheme tariff	One consultation PB per annum, with exception of extractions which are unlimited	<ul style="list-style-type: none"> <li>One preventative treatment PB per annum for cleaning, fillings, and x-rays with exception of extractions which are unlimited.</li> <li>List of approved codes, Subject to Scheme DSP utilisation and clinical protocol approval.</li> </ul>
10	Emergency Dentistry	100% of Scheme tariff	One-episode PB per annum	<ul style="list-style-type: none"> <li>One-episode PB for pain and sepsis only for in-or-out of network emergency dentistry per annum.</li> </ul>
11	Specialised Dentistry	80% of Scheme tariff	Dentures only One set of plastic dentures PB	<ul style="list-style-type: none"> <li>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).</li> <li>Subject to Scheme DSP utilisation and clinical protocol.</li> </ul>
12	Optometry	100 % of Scheme tariff	Combined 2-year benefit limit of <b>R1,511</b> . One set of spectacles per beneficiary.	<ul style="list-style-type: none"> <li>Two-year benefit from anniversary of claiming PB. Subject to Scheme DSP utilisation.</li> </ul>
	Examination			<ul style="list-style-type: none"> <li>One optometric consultation PB. Subject to Scheme DSP utilisation.</li> </ul>
	Frames			<ul style="list-style-type: none"> <li>Range of Scheme approved frames every 24 months. One set of frames PB.</li> <li>Subject to Scheme DSP utilisation.</li> </ul>
	Lenses			<ul style="list-style-type: none"> <li>Single vision lens. Subject to Scheme DSP utilisation.</li> </ul>
	Contact Lenses			No benefit
13	Screening for Vision affecting Chronic Diseases	100% of Scheme tariff	One screening consultation per annum PB	<ul style="list-style-type: none"> <li>Subject to Scheme DSP utilisation and clinical protocol approval.</li> </ul>
<b>C PREVENTATIVE HEALTHCARE</b>				
1	Cancer screening (Pap smears, PSA and Mammogram)	100% of Scheme tariff	Annually	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>Members to be referred by a general practitioner or specialist.</li> </ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>C</b>	<b>PREVENTATIVE HEALTHCARE (continued)</b>			
2	Malaria prophylaxis	100% of Scheme formulary	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Members located within a 50km radius of DSPs are obliged to utilise such pharmacies, subject to regulation 8(3).</li> <li>Members located outside a 50km radius of DSPs may utilise non-DSPs for medication.</li> <li>The Scheme shall accept liability of 100% of the therapeutic reference price (TRP) list as per the Scheme formulary.</li> </ul>
3	Obesity Management	100% of Scheme tariff and formulary	Non-surgical Weight Management	<ul style="list-style-type: none"> <li>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.</li> </ul>
4	Vaccines (HPV, Flu & Covid-19)	100% of Scheme formulary	Subject to formulary	<ul style="list-style-type: none"> <li>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.</li> <li>Admin fees or levies will not be covered.</li> </ul>
<b>D</b>	<b>CHILD IMMUNISATION</b>			
1	Child Immunisation Benefit	100% of Scheme tariff	Limited to PH Child Immunisation programme	<ul style="list-style-type: none"> <li>Subject to Scheme protocols (excludes consultation cost)</li> </ul>
<b>E</b>	<b>IN-AND-OUT OF HOSPITAL BENEFITS</b>			
1	Maternity Care (ante and post-natal)	100% of Scheme tariff	Antenatal consultations are subject to the GP consultations and specialist consultation benefit	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>Subject to registration on the Maternity Programme.</li> </ul>
2	Neonatal Care	100% of Scheme tariff	Limited to <b>R61,881</b> per family, except PMBs	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
3	Mental Health In-hospital	100% of cost/negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> <li>No cover for physiotherapy in mental health facilities.</li> </ul>
	Mental Health Out-of-hospital	100% of Scheme tariff	PMBs only	<ul style="list-style-type: none"> <li>Four consultations per annum PMF.</li> <li>To be referred by a medical practitioner. Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> </ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
<b>E</b>	<b>IN-AND-OUT OF HOSPITAL BENEFITS (continued)</b>			
4	Specialised Radiology (in-and-out of hospital)	100% of Scheme tariff	<b>R15,829</b> per family	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
5	Emergency medical transportation	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to Scheme DSP utilisation, authorisation, clinical protocol approval and regulation 8(3).</li> </ul>
6	General medical appliances (wheelchairs and hearing aids)	100% of Scheme tariff	<b>R7,409</b> per family	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
7	Oxygen and Cylinders	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
<b>F</b>	<b>IN-HOSPITAL BENEFITS</b>			
1	GP Consultations	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
2	Specialist Consultations	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
3	Pathology	100% of Scheme tariff	Limited to <b>R36,684</b> per family per annum	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval and regulation 8(3).</li> </ul>
4	General Radiology	100% of Scheme tariff	<b>Unlimited</b>	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
5	Physiotherapy	100% of Scheme tariff	<b>R5,902</b> PB	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation, clinical protocol approval and regulation 8(3).</li> </ul>
6	Oncology	100% of cost/negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
7	Organ Transplant	100% of cost/negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
8	Renal Dialysis	100% of cost/negotiated tariff	PMBs only	<ul style="list-style-type: none"> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>

	Service	% Benefits	Annual Limits	Conditions/Remarks
F	IN-HOSPITAL BENEFITS (continued)			
9	Prosthesis (Internal)	100% of cost/ negotiated tariff	PMBs only <u>The following surgical procedures are not covered:</u> Back and neck surgery, Joint replacement surgery, Caesarian sections done for non-medical reasons, Functional nasal and sinus surgery, Varicose vein surgery, Hernia repair surgery, Laparoscopic or keyhole surgery, Endoscopies and Bunion surgery	<ul style="list-style-type: none"> <li>• Subject to referral by Scheme's DSP Medical Practitioner, authorisation, Scheme DSP utilisation and clinical protocol approval.</li> </ul>
G	CHRONIC MEDICINE BENEFIT			
1	Chronic Medicine	100% of Plat Cap option formulary	<b>Unlimited</b> for CDL conditions	<ul style="list-style-type: none"> <li>• Only CDLs covered and Prescribed Minimum Benefits (PMBs) unlimited as per Chronic Diseases Reference Price List (CDRPL).</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Admin fees or levies will not be covered.</li> </ul>

Service	% Benefits	Annual Limits	Conditions/Remarks		
<b>H HOSPITALISATION</b>					
<i>Designated Service Provider Hospitals (100% agreed and negotiated Tariffs – unlimited)</i>					
1	Accommodation in a general ward, high-care ward, and intensive care unit	100% of negotiated tariff	Unlimited	<ul style="list-style-type: none"> <li>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.</li> <li>Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to clinical protocol approval and regulation 8(3).</li> <li>Members located between 50 – 200km radius who elect to utilise non-DSPs will be covered 100% of negotiated tariff, subject to clinical protocol approval and regulation 8(3).</li> <li>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 clinical protocol approval and regulation 8(3).</li> <li>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.</li> </ul>	
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		<ul style="list-style-type: none"> <li>Subject to Plat Cap option formulary.</li> <li>Admin fees or levies will not be covered.</li> </ul>
5	Alternative to hospitalisation (step-down or home nursing)	100% of Scheme tariff	Limited to <b>R19,461</b> per family per annum		<ul style="list-style-type: none"> <li>Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3).</li> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval.</li> <li>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.</li> </ul>
6	Physical rehabilitation	100% of Scheme tariff	Limited to <b>R69,479</b> per family per annum		<ul style="list-style-type: none"> <li>Where possible, own facilities shall be utilised. Members are obliged to utilise DSPs, subject to regulation 8(3).</li> <li>Subject to referral by Scheme's DSP Medical Practitioner, authorisation, and clinical protocol approval.</li> <li>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.</li> </ul>

## Contributions for 2024

Salary Band	Band 1 R0 – R13 230	Band 2 R13 231 – R20 630	Band 3 R20 631+
Principal	R1,298	R1,576	R2,965
Adult	R1,298	R1,576	R2,965
Child	R530	R663	R1,030

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.

# PLATFREEDOM OPTION

## Benefits for 2024

PlatFreedom offers members complete freedom of choice to see service providers they prefer; however, members will be liable for the full cost once the limit is reached. Most benefits have limits and is subject to an Overall Annual Limit (OAL) of R1 221 241.

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.

	Overall Annual Limit (OAL)		<b>R1 221 241 per member family. All limits are subject to the Overall Annual Limit (OAL)</b>	
<b>A ALTERNATIVE HEALTHCARE</b>				
1	Homeopathic consultations and medicine only	80% of the lower of cost or Scheme rate	<b>R 9 474</b> per member family	
<b>B AMBULANCE SERVICE</b>				
1		100% if authorised by preferred provider		Subject to approval by preferred provider
<b>C APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>				
1	General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme rate	<b>R23 119</b> per member family (Appliance's limit)	
2	CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
3	Glucometers		<b>R1 379</b> per beneficiary, included in the Appliances limit	
4	Peak flow meters		<b>R593</b> per beneficiary, included in the Appliances limit	
5	Nebulisers		<b>R1 585</b> per beneficiary, included in the Appliances limit	
6	Foot orthotics		<b>R5 863</b> 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
9	Incontinence products	100% of the lower of cost or negotiated fee	Subject to OAL	Authorisation required
<b>D BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>				
1		100% of negotiated fee	Subject to OAL	Authorisation required



	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>E CONSULTATIONS AND VISITS - General Practitioners and Medical Specialists</b>				
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	<b>M0: R6 865</b> <b>M1: R10 297</b> <b>M2: R13 717</b> <b>M3+: R17 161</b> Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services, and physiotherapy.	
<b>F DENTISTRY</b>				
1	<b>Basic:</b> 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	<b>R16 800</b> per member family Subject to clinical protocol approval.	Authorisation required for all dental treatment in-hospital
2	<b>Advanced:</b> 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	<b>R17 391</b> 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, subject to scheme clinical protocol.	Authorisation required for advanced dentistry, subject to clinical protocol approval
<b>G HOSPITALISATION</b>				
1	Accommodation in a general ward, high-care 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
<b>H ALTERNATIVES TO HOSPITALISATION</b>				
1	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme rate	<b>R92 882</b> per member family	Authorisation required
<b>I IMMUNODEFICIENCY SYNDROME (HIV/AIDS)</b>				
1		100% of cost		Authorisation required
<b>J INFERTILITY</b>				
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

	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>K</b>	<b>MATERNITY</b>			
1	<b>Hospital:</b> Accommodation, theatre fees, labour ward fees, dressings, medicines, and materials. <b>Note:</b> For confinement in a registered birthing unit or out-of-hospital, four (4) post-natal midwife consultations for a family each year	100% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required
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	<b>R10 830</b> per member family, 3D scan paid up to cost of 2D scan	
3	Amniocentesis	80% of the lower of cost or Scheme rate	<b>R10 900</b> per member family and further limited to one test for a family each year	
<b>L</b>	<b>MEDICINE AND INJECTION MATERIAL</b>			
1	Acute medicine: including malaria prophylactics	100% of the approved price	<b>M+0: R6 889</b> <b>M+1: R11 965</b> <b>M+2: R15 952</b> <b>M3+: R18 490</b> (Acute Medicine limit)	Refer to general Scheme exclusions
2	Medicine on discharge from hospital	100% of the approved price	<b>R617</b> 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	<b>R2 055</b> per member family; maximum <b>R509</b> per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
4	Chronic medicine	<b>Chronic Disease List conditions</b> 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)  <b>Additional Disease List conditions</b> Up to 100% of MMAP for approved chronic medicine	Subject to OAL	Authorisation required 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)

	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>M MENTAL HEALTH</b>				
1	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme rate	<b>R48 219</b> per member family (Mental Health limit)	Authorisation required
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	Authorisation required
3	Out-of-hospital: Consultations, visits, assessments, therapy, treatment, and counselling	100% of the lower of cost or Scheme rate	<b>R9 475</b> per member family, included in the Mental Health limit	
<b>N NON-SURGICAL PROCEDURES AND TESTS</b>				
1	In-hospital	80% of the lower of cost or Scheme rate	Subject to OAL	Authorisation required
	Out-of-hospital	100% of the lower of cost or Scheme rate	<b>R11 421</b> per member family	Authorisation required
<b>O OPTOMETRY</b>				
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 <b>R3 820</b> per beneficiary	No benefit for lens add-ons
2	Lenses	100% of the lower of cost or SAOA rate		
3	Frames	100% of the lower of cost or SAOA rate		
4	Contact lenses	100% of the lower of cost or SAOA rate	<b>R3 820</b> per beneficiary, every 2 years (from claiming PB) instead of spectacle lenses above.	
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	<b>R23 119</b> per member family	Authorisation required
7	Screening for Vision affecting Chronic Diseases	100% of the lower of cost or SAOA rate	One screening consultation per beneficiary per annum	
<b>P ORGAN AND TISSUE TRANSPLANTS</b>				
1	Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme rate	<b>R266 452</b> per member family (Organ Transplant limit)	Authorisation required
2	Immunosuppressive medication	100% of the approved price	Included in the Organ Transplant Limit	Authorisation required
3	Corneal grafts. Organ harvesting not limited to RSA	100% of the lower of cost or Scheme rate	<b>R35 529</b> per beneficiary, included in the Organ Transplant limit	Authorisation required

	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
<b>Q</b>	<b>ONCOLOGY (CANCER)</b>			
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	
2	Brachytherapy	100% of the lower of cost or Scheme rate	<b>R63 251</b> per member family	Authorisation required
<b>R</b>	<b>PREVENTATIVE HEALTHCARE</b>			
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	
<b>S</b>	<b>CHILD IMMUNISATION</b>			
1	Child Immunisation Benefit	100% of the lower of cost or Scheme rate	According to the Department of Health protocols (excludes consultation cost)	
<b>T</b>	<b>PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
1	In-hospital	100% of the lower of cost or Scheme rate	Subject to OAL	
	Out-of-hospital	100% of the lower of cost or Scheme rate	<b>R12 062</b> per member family	
<b>U</b>	<b>ADDITIONAL MEDICAL SERVICES</b>			
1	In-hospital: Dietetics, occupational therapy, speech therapy and social workers	100% of the lower of cost or Scheme rate	<b>R16 750</b> per member family	
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	<b>R5 984</b> per member family	
<b>V</b>	<b>PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS (EXCLUDING X-RAYS)</b>			
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	<b>R10 479</b> per member family	Subject to referral by medical practitioner
<b>W</b>	<b>PROSTHESIS AND DEVICES (INTERNAL AND EXTERNAL)</b>			
1		100% of the authorised cost	<b>R73 341</b> per member family	Authorisation required

	BENEFIT CATEGORY	RATE	LIMIT EACH YEAR	AUTHORISATION
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	<b>R13 221</b> per member family	
3	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme rate	<b>R25 101</b> per member family	Authorisation required
4	PET and PET-CT scans	100% of the lower of cost or Scheme rate	One (1) for a family	Authorisation required
Y	RENAL DIALYSIS (CHRONIC)			
1		100% of the lower of cost or Scheme rate	<b>R266 452</b> 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 2024

Salary Band	Band 1 R0 - R14 453	Band 2 R14 454 - R21 477	Band 3 R21 478 - R29 591	Band 4 R29 592 - R60 018	Band 5 R60 019+
Principal	R2,449	R3,131	R3,391	R4,233	R5,016
Adult	R1,922	R2,468	R2,605	R3,280	R3,984
Child	R657	R844	R911	R1,007	R1,179

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



# EXCLUSIONS

## PRESCRIBED MINIMUM BENEFITS

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

## GENERAL SCHEME EXCLUSIONS

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

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

- All costs that exceed the annual or 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: 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
- 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)

## PLATINUM HEALTH ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome	PMBs	Prescribed minimum benefits
CDL	Chronic disease list	PMF	Per member family
CDRP list	Chronic disease reference price list	PSA	Prostate-specific antigen
Copper IUD	Copper intrauterine device	RSA	Republic of South Africa
CPAP	Continuous positive airway pressure	SAOA	South African Optometry Association
CT Scan	Computed tomography scan	Scheme Formulary	List of medicine inclusive of all classes on a reference price
DSP	Designated service provider	Scheme Tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
GP	General practitioner	SEP	Single exit price
HIV	Human immunodeficiency virus	TRP list	Therapeutic reference price list
HPV	Human papillomavirus infection		
Medicine TTO	Medicine to-take-out		
MRI Scan	Magnetic resonance imaging		
OTC	Over the counter		
OAL	Overall annual Limit		
PAT	Pharmacist advised therapy		
PB	Per beneficiary		
PET Scan	Positron emission tomography scan		
Plat Cap	Formulary List of medicine inclusive of all classes on a reference price		

# CONTACT DETAILS

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

## CASE MANAGEMENT

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

## CLIENT LIAISON (CUSTOMER SERVICES)

### CLIENT LIAISON CALL CENTRE/ WALK-IN CENTRE

*Situated at Beyers Naudé Avenue and Heystek Street, Rustenburg*

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

## CHRONIC MEDICATION

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