BENEFITS BROCHURE

KeyHealth
MEDICAL SCHEME

Real value speaks for itself

ESSENCE

2025

Great-value, low-cost critical benefits, just in case.

Essence offers ideal 'just-in-case' medical benefits for individuals starting out and for those who only need those crucial benefits for emergencies and unexpected medical expenses. With a low cost and unbeatable value for money, this option includes an unlimited private hospital plan and benefits for the basic 26 chronic medical conditions.

It's what you absolutely need when you need it most.

SCAN ME

ESSENCE OPTION

MAJOR MEDICAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			**Pre-authorisation compulsory**
Varicose vein surgery, facet joint injections, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement			PMB level of care / entitlement only All other procedures will be covered at 100% of agreed tariff, subject to case management, use of DSP and Scheme protocols
Private hospitals			Unlimited, up to 100% of agreed tariff, subject to use of DSP hospital (Netcare or Life Healthcare countrywide and selected Mediclinics in Western Cape, Bloemfontein and Polokwane). 30% co-payment at non-DSP hospital
State hospitals			Unlimited, up to 100% of agreed tariff
Specialist and anaesthetist services	100%		Unlimited, subject to use of DSP
Prosthetics / prosthesis Internal, external, fixation devices and implanted devices	100%		Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP and Scheme protocols. PMB level of care / entitlement only
Medication on discharge	100%	R670	Per admission
MAJOR MEDICAL OCCURRENCES			
SUB-ACUTE FACILITIES AND WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB level of care / entitlement only
TRANSPLANTS (solid organs, tissue and corneas) Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		Pre-authorisation compulsory and subject to case management PMB level of care / entitlement in DSP hospitals only
PSYCHIATRIC TREATMENT	100%	R25 100	Pfpa. In-hospital services. Pre-authorisation compulsory and subject to case management. In-hospital benefit only Out-of-hospital: PMB level of care / entitlement only Unlimited PMB benefits
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB level of care / entitlement only
ONCOLOGY	100%	R197 500	Per family per rolling 12-month cycle. Pre-authorisation compulsory and subject to case management, Scheme protocols and the use of DSP
PALLIATIVE CARE	100%		In lieu of hospital admission. Pre-authorisation compulsory and subject to case management and Scheme protocols
RADIOLOGY	100%		Pre-authorisation compulsory. Hospitalisation is not covered if admission is for investigative purposes only
MRI and CT scans		R20 900	Pfpa. Combined benefit in- or out-of-hospital
X-rays			Unlimited
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory
ENDOSCOPIC PROCEDURES (SCOPES)	100%		
Colonoscopy and / or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in **DSP hospital and use of a DSP specialist** for out-of-hospital services and in the case of PMB conditions
All other endoscopic procedures			Pre-authorisation compulsory. No co-payment* if done in **DSP hospital and use of a DSP specialist** for out-of-hospital services and in the case of PMB conditions

OUT-OF-HOSPITAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioner, including virtual consultations and specialist consultations	100%	Unlimited	PMB level of care / entitlement only
PATHOLOGY			No benefit. Except for PMB conditions

Real value speaks for itself

*Subject to Scheme rules, clinical protocols and the use of DSPs.

OUT-OF-HOSPITAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
MATERNITY	100%		
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#			Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits. Subject to use of DSP
Ultrasounds (GP or gynaecologist) – one before the 24th week and one thereafter#			Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 2 pregnancy scans. Subject to use of DSP
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 510 per pregnancy
Antenatal vitamins			Covered to the value of R2 550 per pregnancy
Antenatal classes			Covered to the value of R2 550 per pregnancy
DAY-TO-DAY BENEFITS	100%		
Child immunisation			Child Dependants aged ≤6 – as required by the Department of Health
Child growth assessments			3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-35 months
Paediatrician visits			Baby registered on Scheme. 2 visits in baby's 1st year 1 visit in baby's 2nd year
CONSERVATIVE DENTISTRY	100%		
Consultations			1 check-up pbpa 2 infection control / barrier techniques pbpa 1 sterilised instrumentation pbpa
X-rays: Intraoral			4 intraoral radiographs pbpa – periapical or bitewing
SPECIALISED DENTISTRY	100%		
Maxillo-facial and oral surgery			DENIS protocols and Scheme rules apply
Surgery in dental chair			DENIS pre-authorisation compulsory. Removal of impacted teeth only
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HOSPITALISATION AND ANAESTHETICS			
Hospitalisation (general anaesthesia)			DENIS pre-authorisation compulsory. Removal of impacted teeth only R1 980 co-payment per hospital admission (no co-payment for day hospitals)
Inhalation sedation in dental rooms			DENIS pre-authorisation compulsory. Removal of impacted teeth only
Moderate / deep sedation in dental rooms			DENIS pre-authorisation compulsory. Removal of impacted teeth only
EARLY DETECTION TESTS	100%		
Pap smear (pathologist)			Female beneficiaries aged ≥15 – once per year
Pap smear (including consultation and pelvic organs ultrasound: GP or gynaecologist)			Female beneficiaries aged ≥15 – once per year
Mammogram			Female beneficiaries aged ≥40 – once per year
Prostate specific antigen (PSA) (pathologist)			Male beneficiaries aged ≥40 – once per year
HIV / AIDS test (pathologist)			All beneficiaries – once per year
Health assessment (HA): Body mass index (BMI), blood pressure measurement, cholesterol test (finger prick), blood sugar test (finger prick), PSA (finger prick) **OR** Digital Health Assessment (DHA)			All beneficiaries – once per year
PREVENTATIVE CARE	100%		
Flu vaccination			All beneficiaries
COVID-19 vaccinations and boosters			All beneficiaries
Pneumococcal vaccination (Prevenar not included)			All beneficiaries
Malaria medication			All beneficiaries – R480 once per year
Contraceptive medication – tablets / patches			Female beneficiaries aged ≥16 – R185 every 20 days
Contraceptive medication – injectables			Female beneficiaries aged ≥16 – R285 every 72 days
CHRONIC BENEFITS	**MST (≤)**	**BENEFIT**	**EXPLANATORY NOTES / BENEFIT SUMMARY**
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
SUPPLEMENTARY BENEFITS	**MST (≤)**	**BENEFIT**	**EXPLANATORY NOTES / BENEFIT SUMMARY**
HIV / AIDS	100%		Unlimited. Chronic Disease Risk Programme managed by LifeSense
AMBULANCE SERVICES	100%		For emergency transport contact 082 911. Unlimited, subject to protocols
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	100%	R9 200	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols No pre-authorisation required
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory and subject to protocols

MONTHLY CONTRIBUTION

MONTHLY CONTRIBUTION	Principal Member	Adult Dependant	Child Dependant
	R2 187	R1 753	R788

BENEFITS OF EASY-ER

No upfront payment required.

Guaranteed payment of the full ER event – in case of an emergency.

Not paid from day-to-day benefits or medical savings accounts.

- Easy-ER offers all KeyHealth members direct access to the closest hospital's emergency room (ER) for medical treatment in emergency situations.
- Easy-ER guarantees full payment without any hidden costs or unexpected fees.

WHAT IS AN EMERGENCY?

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and / or intervention. If the treatment or intervention is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

WHAT QUALIFIES AS AN EASY-ER EMERGENCY?

- Motor vehicle accidents
- Sport injuries
- Dental injuries (direct blow to the face / mouth)
- Playground accidents

UNSURE OF WHEN TO GO TO THE ER?

- Contact **Netcare 911**'s **24-hour Health-on-Line** service on **082 911** to speak to a registered nurse about medical advice, information and your KeyHealth Easy-ER cover.
- Visit **Netcare 911**'s website **www.netcare911.co.za** for information on first aid, emergencies, childhood illnesses and baby / child safety.

DENTAL EMERGENCIES

- In a dental emergency, if a tooth is broken or knocked out, Easy-ER guarantees the payment of all dental treatment needed to restore the damaged tooth to functional use.
- In the case of such a dental emergency, the beneficiary can go directly to the dental practitioner for treatment.

IMPORTANT

- **Easy-ER is available to ALL KeyHealth members.**
- **The Easy-ER benefit does not include pharmacy or medical appliance claims, follow-up consultations and follow-up radiology and pathology tests.**
- **Any further hospitalisation needed, after emergency medical treatment, will be covered under the normal in-hospital benefit.**
- **If emergency transport is needed (e.g. ambulance services), KeyHealth's emergency transport provider, Netcare 911, must be called on 082 911.**
- **Access to emergency treatment at the closest hospital's emergency room (ER) is guaranteed on confirmation of KeyHealth membership by a Client Service Centre agent.**
- **Not all visits or consultations at the hospital's emergency room will be funded from the Easy-ER benefit, as benefits are approved for *bona fide* emergencies only.**

SMART BABY PROGRAMME

GUIDANCE WHEN YOU NEED IT MOST

KeyHealth's Smart Baby Programme offers support and general advice on health and wellness during pregnancy and peace-of-mind for mothers- and fathers-to-be.

THE SMART BABY PROGRAMME PROVIDES

- Health Booster cover for short / co-payments for antenatal visits (GP, gynaecologist or midwife), scans and birthing fees.
- Information about KeyHealth's maternity benefits and how to access them.
- *The New Baby and Childcare Handbook* by Marina Petropulos for first-time parents.
- Information about baby's first year (e.g. vaccinations, Easy-ER, etc.).
- Access to **Netcare 911**'s **24-hour Health-on-Line** service on **082 911** for medical advice and information from a registered nurse.

SMART BABY PROGRAMME BENEFITS

The benefits available to mothers (and babies) on the Smart Baby Programme are separate from day-to-day benefits and medical savings accounts.

Antenatal visits (GP / gynaecologist / midwife) and dipstick urine test	12 visits, 1 of which is following baby's birth
Ultrasound (scans)	2 pregnancy ultrasounds
Paediatrician visits (once baby is a registered member)	2 visits in baby's first year 1 visit in baby's 2nd year
Antenatal vitamins	R2 550 per pregnancy
Antenatal classes	R2 550 for first pregnancy

ADDITIONAL SCREENING TESTS

- Haemoglobin (Hb) level at the first antenatal visit then repeated between 28-32 weeks and 36 weeks of gestation
- Bacteriuria at the first visit or at 12-16 weeks of gestation
- Gestational diabetes, screened at the first antenatal visit and again at 28 weeks of gestation (if the initial screening was negative), for mothers who do not have pre-gestational diabetes (i.e. already known to be diabetic)

HOW TO BENEFIT FROM THE SMART BABY PROGRAMME

- Register on the Smart Baby Programme as soon as the pregnancy is confirmed.
- Make use of KeyHealth's Designated Service Provider (DSP) network of hospitals and specialists to avoid short payments.
- Make sure the DSP hospital and / or specialist clearly indicates the relevant diagnosis code (**ICD10 code**) on claims.
- Verify tariff codes or maximum rand values with the KeyHealth Client Service Centre on **0860 671 050**.
- **Get pre-authorisation for the delivery** after the second trimester (after week 24 of the pregnancy) by calling the Pre-authorisation Department on **0860 671 060**.
- Register baby as a KeyHealth dependant within 30 days after birth.
- When claiming for your antenatal vitamins, request that the pharmacist at the dispensary claim the antenatal vitamins electronically from the Scheme or supply the Scheme with a specified paper claim with a valid NAPPI code(s) and ICD-10 code and proof of payment for reimbursement.

HOW TO REGISTER FOR THE SMART BABY PROGRAMME

- Register using the KeyHealth member app which can be downloaded on Android, iOS and Huawei operating systems, **or**
- Complete the registration form online at www.keyhealthmedical.co.za

GLOSSARY

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Agreed tariff	A tariff agreed to, from time to time, between the Scheme and the service providers, e.g. hospital groups
Chronic Disease List (CDL)	A list of chronic illness conditions that are covered in terms of legislation
Day-to-day benefit	A combined out-of-hospital limit which may be used by any beneficiary in respect of general practitioners, specialists, radiology, optical, pathology, prescribed medication and auxiliary services, and which may include a sublimit for self-medication
DENIS (Dental Information Systems)	A service provider contracted by the Scheme to manage dental benefits on behalf of the Scheme according to protocols
Designated Service Provider (DSP)	A provider that renders healthcare services to members at an agreed tariff and has to be used to qualify for certain benefits
Emergency	An emergency medical condition means the sudden and unexpected onset of a health condition that requires immediate medical treatment and /or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death
Health Booster	An additional benefit for preventative healthcare
Medical Scheme Tariff (MST)	Also referred to as KeyHealth tariff. A set of tariffs the Scheme pays for services rendered by service providers
Optical management	A cost and quality optical management programme provided by OptiClear
Phlebotomy	The process of making an incision in a vein when collecting blood
Physical trauma	A severe bodily injury due to violence or an accident, e.g. gunshot, knife wound, fracture or motor vehicle accident. Serious and life-threatening physical injury, potentially resulting in secondary complications such as shock, respiratory failure and death. This includes penetrating, perforating and blunt force trauma
OTC	Over-the-counter (medication or reading glasses)
MSA	Medical Savings Account
Medication on discharge	Medication given to members upon discharge from a hospital. Does not include medication obtained from a script received upon discharge
pbpa	per beneficiary per annum (per year)
pbpl	per beneficiary per lifetime
pbp2a	per beneficiary biennially (every 2 [second] year[s])
pfpa	per family per annum (per year)
pfp2a	per family biennially (every 2 [second] year[s])
2pfpa	2 per family per annum (per year)

* Disclaimer: Benefits subject to approval by the Council for Medical Schemes (CMS) and although every precaution has been taken to ensure the accuracy of information contained in the benefits brochure, the official rules of the Scheme will prevail, should a dispute arise. The rules of KeyHealth are available on request or can be viewed at **www.keyhealthmedical.co.za**.

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Contact KeyHealth

Visit
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