

KeyHealth

MEDICAL SCHEME



Real value speaks for itself



Gold and Platinum

BENEFITS BROCHURE

GLOSSARY

GLOSSARY

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.

KeyHealth

MEDICAL SCHEME



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2025

BENEFITS BROCHURE



SCAN ME

GOLD OPTION

MAJOR MEDICAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			Pre-authorisation compulsory
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%	R59 100	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP and Scheme protocols
Medication on discharge	100%	R670	Per admission
MAJOR MEDICAL OCCURRENCES			
MATERNITY	100%		Private ward for 3 days for natural birth Pre-authorisation compulsory and subject to case management, use of DSP and Scheme protocols
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. Subject to the Health Booster benefits
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 Subject to the Health Booster benefits
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 510 per pregnancy Subject to the Health Booster benefits
Antenatal vitamins			Covered to the value of R2 550 per pregnancy Subject to the Health Booster benefits
Antenatal classes			Covered to the value of R2 550 for first pregnancy Subject to the Health Booster benefits
SUB-ACUTE FACILITIES AND WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R50 900	Pre-authorisation compulsory and subject to case management and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R16 700 Combined in- and out-of-hospital benefit
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%	R50 900	Pfpa. Pre-authorisation compulsory and subject to case management Combined in- and out-of-hospital benefit Out-of-hospital treatment is limited to R20 900 Unlimited PMB benefits
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB level of care / entitlement only
ONCOLOGY	100%	R507 000	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 for specialised radiology, including MRI, CT and PET scans Hospitalisation not covered if radiology is for investigative purposes only (MSA / day-to-day benefits will then apply)
MRI and CT scans		R22 000	Pfpa. Combined benefit in- or out-of-hospital. R1 650 co-payment per scan in- or out-of-hospital (except for confirmed PMBs)
X-rays			Unlimited
PET scans			2 scans pbpa. Maximum of R29 400 per scan
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only (day-to-day benefits will then apply)
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory
IN-ROOM PROCEDURES	175%		Pre-authorisation compulsory and subject to Scheme protocols Cover for a list of approved procedures performed in the specialist's rooms Defined list available on the KeyHealth website and on request
OUT-OF-HOSPITAL BENEFITS			EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioners, including virtual consultations and specialist consultations, radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medicine, optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics. This is a family benefit, which means that one member of the family can use the total benefit allocation.	100%		Annual Medical Savings Account (MSA) Principal Member: R8 436 pa Adult Dependant: R5 700 pa Child Dependant: R1 656 pa Additional day-to-day benefits Principal Member: R6 020 pa Adult Dependant: R4 480 pa Child Dependant: R1 440 pa



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

OUT-OF-HOSPITAL BENEFITS		MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS				
Over-the-counter medicine	100%	R2 570		Pfpa sublimit. Subject to MSA / day-to-day benefit
Over-the-counter reading glasses		R235		Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit
PATHOLOGY	100%			Subject to MSA / day-to-day benefit
OPTICAL SERVICES	100%	R3 950		Pbp2a total optical benefit. Subject to MSA / day-to-day benefit and optical management. Benefit confirmation compulsory
Frames		R1 260		Per frame, 1 frame pbp2a. Subject to overall optical benefit
Lenses				1 pair pbp2a. Subject to overall optical benefit
Eye test				1 test pbp2a. Subject to overall optical benefit
Contact lenses		R1 870		Pbpa. Subject to overall optical benefit
Refractive surgery				Pre-authorisation compulsory. Subject to overall optical benefit
DENTISTRY				
CONSERVATIVE DENTISTRY				Subject to DENIS protocols, managed care interventions and Scheme rules Exclusions apply in accordance with Scheme rules
Consultations	100%			2 check-ups pbpa
X-rays: Intraoral	100%			
X-rays: Extra-oral	100%			1 pbp3a (Additional benefit may be granted where specialised dental treatment / planing / follow-up is required)
Preventative care	100%			2 scale and polish treatments pbpa
Fillings	100%			1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. Retreatment of a tooth subject to clinical protocols
Tooth extractions and root canal treatment	100%			Root canal therapy on primary (milk) teeth and wisdom teeth (3rd molars), as well as direct / indirect pulp capping procedures, are excluded
Plastic dentures	100%			1 set plastic dentures (upper and lower jaw) pbp4a. DENIS pre-authorisation compulsory
SPECIALISED DENTISTRY				
Partial chrome cobalt frame dentures	80%			DENIS pre-authorisation compulsory 1 partial metal frame (upper or lower jaw) pbp5a
Crowns and bridges	80%			DENIS pre-authorisation compulsory. A treatment plan and X-rays may be requested Limited to 2 crowns, with a 30% co-payment for the 2nd crown. 1 per tooth pbp5a
Implants	80%			No benefit. Subject to MSA
Orthodontics (non-cosmetic treatment only)	80%			DENIS pre-authorisation compulsory. Cases will be clinically assessed using orthodontic indices where function is impaired. Not for cosmetic reasons Laboratory costs excluded. Only 1 beneficiary per family may commence treatment per calendar year. Limited to beneficiaries aged 9-18 years
Periodontics	80%			DENIS pre-authorisation compulsory. Limited to conservative, non-surgical therapy (root planing) only and will be applied to beneficiaries registered on the Perio Programme
Maxillo-facial and oral surgery				Subject to DENIS protocols, managed care interventions and Scheme rules Exclusions apply in accordance with Scheme rules
Surgery in dental chair	100%			DENIS pre-authorisation not required. Temporomandibular Joint (TMJ) therapy limited to non-surgical intervention / treatment. Claims for oral pathology procedures (cysts, biopsies and tumour removals) only covered if supported by a laboratory report confirming diagnosis
Surgery in-hospital (general anaesthesia)	100%			DENIS pre-authorisation compulsory (see hospitalisation below)
HOSPITALISATION AND ANAESTHETICS				Subject to DENIS protocols, managed care interventions and Scheme rules Exclusions apply in accordance with Scheme rules
Hospitalisation (general anaesthesia)	100%			DENIS pre-authorisation compulsory. Limited to extensive dental treatment for children <5 years and the removal of impacted teeth R1 980 co-payment per hospital admission (no co-payment for day hospitals)
Inhalation sedation in dental rooms	100%			DENIS pre-authorisation not required
Moderate / deep sedation in dental rooms	100%			DENIS pre-authorisation compulsory. Limited to extensive dental treatment
PAY ALL DENTAL CO-PAYMENTS DIRECTLY TO THE RELEVANT SERVICE PROVIDER				
CHRONIC BENEFITS		MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
CHRONIC MEDICATION				
Category A (CDL)	100%			Unlimited, subject to reference pricing and protocols
Category B (other)	100%	R10 800		Registration on Chronic Disease Risk Programme compulsory Subject to chronic benefit with a maximum pfpa
SUPPLEMENTARY BENEFITS		MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DOCUMENT BASED CARE (DBC)	100%			Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities
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%	R11 300		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
Hearing aids	100%	R20 150		No authorisation required. Pfp5a. Subject to maximum of R10 100 per ear
Hearing aids and maintenance (batteries included)	100%	R1 270		Pbpa

MONTHLY CONTRIBUTION

	Principal Member	Adult Dependant	Child Dependant
MONTHLY CONTRIBUTION	R7 248	R4 902	R1 424
MONTHLY SAVINGS	R703	R475	R138
TOTAL MONTHLY CONTRIBUTION	R7 951	R5 377	R1 562

KeyHealth

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PLATINUM

2025

BENEFITS BROCHURE



SCAN ME

PLATINUM OPTION

MAJOR MEDICAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			Pre-authorisation compulsory
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%	R150 000	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP and Scheme protocols
Medication on discharge	100%	R670	Per admission
MAJOR MEDICAL OCCURRENCES			
MATERNITY	100%		Private ward for 3 days for natural birth Pre-authorisation compulsory and subject to case management, use of DSP and Scheme protocols
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. Subject to the Health Booster benefits
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 Subject to the Health Booster benefits
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 510 per pregnancy Subject to the Health Booster benefits
Antenatal vitamins			Covered to the value of R2 550 per pregnancy Subject to the Health Booster benefits
Antenatal classes			Covered to the value of R2 550 for first pregnancy Subject to the Health Booster benefits
SUB-ACUTE FACILITIES AND WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R62 700	Pre-authorisation compulsory and subject to case management and Scheme protocols. Pfpa. Wound care is included in this benefit, up to an amount of R21 700 Combined in- and out-of-hospital benefit
TRANSPLANTS (solid organs, tissue and corneas) Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		Unlimited, subject to use of DSP and case management Pre-authorisation compulsory
PSYCHIATRIC TREATMENT	100%	R70 400	Pfpa. Pre-authorisation compulsory and subject to case management Combined in- and out-of-hospital benefit. Out-of-hospital treatment is limited to R29 300. Unlimited PMB benefits
DIALYSIS	100%		Unlimited. Pre-authorisation compulsory and subject to case management and Scheme protocols
ONCOLOGY	100%		Unlimited. 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 for specialised radiology, including MRI, CT and PET scans Hospitalisation not covered if radiology is for investigative purposes only (MSA / day-to-day benefits will then apply)
MRI and CT scans		R31 200	Pfpa. Combined benefit in- or out-of-hospital
X-rays			Unlimited
PET scans			2 scans pbpa. Maximum of R29 400 per scan
PATHOLOGY	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only (day-to-day benefits will then apply)
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory
IN-ROOM PROCEDURES	200%		Pre-authorisation compulsory and subject to Scheme protocols Cover for a list of approved procedures performed in the specialist's rooms Defined list available on the KeyHealth website and on request
OUT-OF-HOSPITAL BENEFITS			EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioners, including virtual consultations and specialist consultations, radiology (incl. nuclear medicine study and bone density scans), prescribed and over-the-counter medicine, optical and auxiliary services, e.g. physiotherapy, occupational therapy and biokinetics. This is a family benefit, which means that one member of the family can use the total benefit allocation.	100%		Principal Member: R13 665 pa Adult Dependant: R13 260 pa Child Dependant: R3 245 pa



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OUT-OF-HOSPITAL BENEFITS		MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS				
Self-funding gap (SFG)				Member is responsible for payment of all day-to-day expenses, up to the value of: PM – R4 785, AD – R4 255, CD – R1 570 Expenses paid by member will accrue to the SFG at MST rates (once the SFG has been bridged, member will enter the threshold zone)
Threshold zone	100%			Further routine benefits, excluding physiotherapy, pathology and prescribed medication. The following limits apply: - Threshold zone: PM – R18 450, AD – R17 515, CD – R4 815 - Prescribed medication: PM – R11 280, AD – R5 090, CD – R2 510 - Physiotherapy: R17 850 pfpa - Pathology: R17 850 pfpa
Over-the-counter medicine	100%	R3 840		Pfpa sublimit. Subject to day-to-day and threshold zone
Over-the-counter reading glasses		R260		Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit
PATHOLOGY	100%			Subject to day-to-day and threshold zone
OPTICAL SERVICES	100%	R6 600		Pbp2a total optical benefit. Subject to day-to-day benefit, threshold zone and optical management. Benefit confirmation compulsory
Frames		R1 975		Per frame, 1 frame pbp2a. Subject to overall optical benefit
Lenses				1 pair pbp2a. Subject to overall optical benefit
Eye test				1 test pbp2a. Subject to overall optical benefit
Contact lenses		R3 060		Pbpa. Subject to overall optical benefit
Refractive surgery		R25 100		Per beneficiary once per lifetime. Pre-authorisation compulsory
DENTISTRY				
CONSERVATIVE DENTISTRY				Subject to DENIS protocols, managed care interventions and Scheme rules Exclusions apply in accordance with Scheme rules
Consultations	100%			2 check-ups pbpa
X-rays: Intraoral	100%			
X-rays: Extra-oral	100%			1 pbp3a (additional benefit may be granted where specialised dental treatment / planing / follow-up is required)
Preventative care	100%			2 scale and polish treatments pbpa
Fillings	100%			1 per tooth per 720 days. A treatment plan and X-rays may be required for multiple fillings. Retreatment of a tooth subject to clinical protocols
Tooth extractions and root canal treatment	100%			Root canal therapy on primary (milk) teeth and wisdom teeth (3rd molars), as well as direct / indirect pulp capping procedures, are excluded
Plastic dentures	100%			1 set plastic dentures (upper and lower jaw) pbp4a. DENIS pre-authorisation compulsory
SPECIALISED DENTISTRY				
Partial chrome cobalt frame dentures	80%			2 frames (upper and lower jaw) pbp5a DENIS pre-authorisation compulsory
Crowns and bridges	80%			DENIS pre-authorisation compulsory. 1 per tooth pbp5a
Implants	80%	R5 490		Pbpa limitation on cost. DENIS pre-authorisation compulsory
Orthodontics (non-cosmetic treatment only)	80%			DENIS pre-authorisation compulsory. Cases will be clinically assessed using orthodontic indices where function is impaired. Not for cosmetic reasons Laboratory costs excluded. Only 1 beneficiary per family may commence treatment per calendar year. Limited to beneficiaries aged 9-18 years
Periodontics	80%			DENIS pre-authorisation compulsory. Limited to conservative, non-surgical therapy (root planing) only and will be applied to beneficiaries registered on the Perio Programme
Maxillo-facial and oral surgery				DENIS protocols and Scheme rules apply
Surgery in dental chair	100%			DENIS pre-authorisation not required. Temporomandibular Joint (TMJ) therapy limited to non-surgical intervention / treatment. Claims for oral pathology procedures (cysts, biopsies and tumour removals) only covered if supported by a laboratory report confirming diagnosis
Surgery in-hospital (general anaesthesia)	100%			DENIS pre-authorisation compulsory (see hospitalisation below)
Hospitalisation and anaesthetics				DENIS protocols and Scheme rules apply
Hospitalisation (general anaesthesia)	100%			DENIS pre-authorisation compulsory. Limited to extensive dental treatment for children <5 years and the removal of impacted teeth R1 980 co-payment per hospital admission (no co-payment for day hospitals)
Inhalation sedation in dental rooms	100%			DENIS pre-authorisation not required
Moderate / deep sedation in dental rooms	100%			DENIS pre-authorisation compulsory. Limited to extensive dental treatment
PAY ALL DENTAL CO-PAYMENTS DIRECTLY TO THE RELEVANT SERVICE PROVIDER				
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
Category B (other)	100%	R24 000		Pbpa. Subject to chronic benefit to a maximum of R49 000 pfpa
SUPPLEMENTARY BENEFITS		MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DOCUMENT BASED CARE (DBC)				Conservative back and neck treatment in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved DBC facilities
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%	R14 550		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
Hearing aids	100%	R44 100		No authorisation required. Pfp5a. Subject to maximum of R21 900 per ear
Hearing aids and maintenance (batteries included)	100%	R1 680		Pbpa

MONTHLY CONTRIBUTION

MONTHLY CONTRIBUTION	Principal Member	Adult Dependant	Child Dependant
	R12 779	R8 960	R2 699

HEALTH BOOSTER

Health Booster provides additional benefits to members at no extra cost. It is aimed at preventative treatment and therefore gives access to free screening tests.

Only those benefits stated in the benefit structure under Health Booster will be paid by the Scheme, up to a maximum rand value which is determined according to specific tariff codes. Subject to DSPs.

QUALIFICATION

Once you have completed the screening tests you will gain access to the Health Booster benefits.

- Pre-authorisation is required in order to access the maternity benefits on Health Booster. Contact the Pre-authorisation Department on **0860 671 060** to obtain authorisation. (Failing to do this will result in the service costs being deducted from day-to-day benefits).
- Verify the tariff code or maximum rand value with the call centre consultant.
- Inform the service provider involved accordingly.
- 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), ICD-10 code, and proof of payment for reimbursement.

SCREENING TESTS

One of the benefits available is the Health Assessment (HA). This assessment comprises the following screening tests:

- Body mass index (BMI)
- Blood sugar (finger prick test)
- Cholesterol (finger prick test)
- Blood pressure (systolic and diastolic)
- Prostate phlebotomy for PSA test

Digital Health Assessment, via SMS

Principal Members and their beneficiaries will be entitled to one Health Assessment (HA), done at any pharmacy, or Digital Health Assessment (DHA), via SMS, per calendar year.

A Health Assessment (HA) form can be obtained at any pharmacy or downloaded from www.keyhealthmedical.co.za.

No authorisation is required for these screening tests.

Results can be submitted by either the member or the service provider and can be faxed to **0860 111 390** or emailed to disease.management@keyhealthmedical.co.za.

BENEFIT	WHO & HOW OFTEN
CHILD BOOSTER BENEFITS	
Child immunisation	Child Dependants aged ≤6 – as required by the Department of Health
HPV vaccination	Female beneficiaries aged 9-14 years – 2 doses per lifetime
Paediatrician visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year
Child growth assessments	3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-7 years (Silver, Equilibrium and Origin options only) 3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-35 months (Platinum and Gold options only)
Hearing screening test	Newborns aged 0-8 weeks (once)
Eye test	Child Dependants aged 0-7 years (once)
EARLY DETECTION TESTS	
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
Colon screening test for colon cancer	Beneficiaries aged 50-75 years (Excludes the Origin option)
HIV / AIDS test (pathologist)	All beneficiaries – once per year
Health Assessment (HA): Body mass index (BMI), bloodpressure 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	
Flu vaccination	All beneficiaries
COVID-19 vaccinations and boosters	All beneficiaries
Tetanus injection	All beneficiaries – as and when required (Excludes the Origin option)
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 (Silver, Equilibrium and Origin options only)
Contraceptive medication – injectables	Female beneficiaries aged ≥16 – R285 every 72 days (Silver, Equilibrium and Origin options only)
WEIGHT LOSS (Pre-authorisation essential to access benefits)	
Weight Loss Programme (Excludes the Origin option)	All beneficiaries with HA BMI ≥30: • 3 x dietician consultations (1 per month) • 1 x biokineticist consultation (to create a home exercise programme for the member) • 3 x additional dietician consultations (one per month, provided that a weight loss chart was received from the dietician proving weight loss after the first 3 months) • 1 x follow-up consultation with biokineticist
MATERNITY (Pre-authorisation compulsory)	
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#	Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 12 visits
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
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 for first pregnancy

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



Real value speaks for itself

Contact KeyHealth



Visit
www.keyhealthmedical.co.za



SCAN ME