Be Smart. **Keep it Simple.**

BENEFITS BROCHURE 2018
ESSENCE

KeyHealth
MEDICAL SCHEME

ESSENCE OPTION

MAJOR MEDICAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			Pre-authorisation compulsory.
Varicose vein surgery, facet joint injections, hysterectomy, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement.			PMB entitlement only.
Private hospitals			Unlimited, up to 100% of Agreed Tariff, subject to use of DSP hospital (Netcare or Life Healthcare). (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 provider.
Medicine on discharge	100%	R475	Per admission.
MAJOR MEDICAL OCCURRENCES			
SUB-ACUTE FACILITIES & 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 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 entitlement in DSP hospitals only.
DIALYSIS	100%		Pre-authorisation compulsory and subject to Case Management and Scheme Protocols. PMB entitlement only.
ONCOLOGY	100%	R139 500	Pfpa. Pre-authorisation compulsory and subject to Case Management and Scheme Protocols.
RADIOLOGY	100%		Pre-authorisation compulsory for specialised radiology, including MRI and CT scans. Hospitalisation not covered if radiology is for investigative purposes only.
MRI and CT scans		R14 700	Pfpa. R1 480 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs.
X-rays			Unlimited.
PET scans			No benefit.
PATHOLOGY	100%		Unlimited.

OUT-OF-HOSPITAL BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
DAY-TO-DAY BENEFITS			
ROUTINE MEDICAL EXPENSES General practitioner and specialist consultations, radiology (incl. Nucleur Medicine Study and bone density scans). Prescribed and over-the-counter medicine. Optical and auxiliary services, e.g. physiotherapy, occupational therapy, contraceptive pills and biokinetics.	At Cost	Unlimited	PMB entitlement only.
Over-the-counter medicine			No benefit.
Over-the-counter reading glasses			No benefit.
PATHOLOGY			No benefit. Except for PMB conditions.
OPTICAL SERVICES			
Frames			No benefit.
Lenses			No benefit.
Eye test			No benefit.
Contact lenses			No benefit.
Refractive surgery			No benefit.
DENTISTRY			
CONSERVATIVE DENTISTRY			No benefit. (Refer to Health Booster)
Consultations			No benefit.
X-rays: Intra-oral			No benefit.
X-rays: Extra-oral			No benefit.
Oral hygiene			No benefit.
Fillings			No benefit.
Tooth extractions and root canal treatment			No benefit.
Plastic and metal frame dentures			No benefit.

DENTISTRY			
SPECIALISED DENTISTRY			No benefit.
Maxillo-facial and oral surgery			
Surgery in dental chair			No benefit.
Surgery in-hospital (general anesthesia)			No benefit.
Hospitalisation and anesthetics			
Hospitalisation (general anesthesia)			No benefit.
Laughing gas in dental rooms			No benefit.
IV conscious sedation in dental rooms			No benefit.

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 Programme compulsory. (30% co-payment applicable when using a non-DSP pharmacy.).
Category **B** (other)			No benefit.

SUPPLEMENTARY BENEFITS	MST(≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
PSYCHIATRIC TREATMENT	100%	R17 700	Pfpa. In-hospital services. Pre-authorisation compusory and subject to Case Management.
BLOOD TRANSFUSION	100%		Unlimited. Pre-authorisation compulsory.
PROSTHETICS / PROSTHESIS (Internal, external, fixation devices and implanted devices)	100%		Subject to pre-authorisation and Scheme Protocols. PMB entitlement only.
HIV/AIDS	100%		Unlimited. Chronic Disease Programme applicable.
AMBULANCE SERVICES	100%		DSP - NETCARE 911. Unlimited, subject to use of DSP and protocols. (40% co-payment at non-DSP service provider.)
MEDICAL APPLIANCES			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices).	100%	R6 550	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities and protocols. No pre-authorisation required.
Hearing aids and maintenance (batteries included)	100%		No benefit.
Oxygen/nebulizer/glucometer			Pre-authorisation compulsory and subject to protocols.
ENDOSCOPIC PROCEDURES (SCOPES)	100%		
Colonoscopy and/or gastroscopy			Pre-authorisation compulsory. No co-payment if done in DSP hospital, out-of-hospital and in the case of PMB conditions.
All other endoscopic procedures			Sigmoidoscopy and cystoscopy; R2 100 co-payment per scope (in-hospital). Hysteroscopy; R2 950 co-payment per scope (in-hospital). Arthroscopy and laparoscopy (diagnostic): R3 700 co-payment per scope (in-hospital).

MONTHLY CONTRIBUTION			
	Principal Member	**Adult Dependant**	**Child Dependant**
Monthly contribution	R1 360	R1 090	R490

HEALTH BOOSTER

The Health Booster provides additional benefits to Members at no extra cost. It is aimed at preventive treatment and therefore also 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.

QUALIFICATION:
Members qualify automatically for Health Booster benefits according to the set criteria.

- However, pre-authorisation is required in order to access the Maternity benefits on Health Booster. Contact the Client Service Centre on **0860 671 050** 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.

SCREENING TESTS:
One of the benefits available on the Health Booster programme is the Health Assessment. 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

Principal members and their Adult dependants will be entitled to one Health Assessment per calendar year and must have the screening tests done at a KeyHealth DSP pharmacy.

A Health Assessment (HA) form can be obtained at any KeyHealth DSP 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 must be faxed to **0860 111 390**.

TYPE OF TEST	WHO & HOW OFTEN
PREVENTIVE CARE	
Baby immunisation	Child dependants aged ≤6 – as required by the Department of Health.
Flu vaccination	All beneficiaries.
Tetanus diphtheria injection	All beneficiaries – as and when required.
Pneumococcal vaccination	All beneficiaries.
Malaria medication	All beneficiaries – R340 once per year.
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.
HIV/AIDS test (Pathologist)	Beneficiaries aged ≥15 – once per year.
Health Assessment (HA): Body mass index, Blood pressure measurement, Cholesterol test (finger prick), Blood sugar test (finger prick) PSA (finger prick)	Adult beneficiaries – once per year.
Dental consultation	All beneficiaries – once per year.
WEIGHT LOSS	
Weight Loss Programme	For all beneficiaries when the Health Assessment BMI is ≥ 30: • 3 x dietician consultations (one per week). • 3 x additional dietcian consultations (one per week, provided that a weight loss chart was received from dietician proving weight loss after first three weeks). • One biokineticist consultation (to create a home exercise programme for the member). • 1 x follow-up consultation with biokineticist.
MATERNITY*	
Antenatal visits (GP, Gynaecologist or midwife) & 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 in (#) above and birthing fees	Covered to the value of R1 060 per pregnancy.
Paediatrician visits	Baby registered on Scheme. 2 visits in baby's 1st year.
Ante-natal vitamins	Covered to the value of R1 790 per pregnancy.
Ante-natal classes	Covered to the value of R1 790 for first pregnancy.

*Pre-authorisation essential to access benefits

GLOSSARY

Agreed Tariff	A tariff agreed to from time to time between the Scheme and 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 medicine and auxiliary services, and which may include a sub-limit 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 preventive health care.
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 (medicine or glasses)
MSA	Medical Savings Account
Medicine on discharge	Medicine given to members upon discharge from a hospital. Does not include medicine obtained from a script received upon discharge.
pbpa	per beneficiary per annum (per year)
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)