

# KeyHealth

MEDICAL SCHEME



Real value speaks for itself

# BENEFITS BROCHURE

# 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
<b>HOSPITALISATION</b>			
<b>Pre-authorisation compulsory</b>			
<b>Varicose vein surgery, facet joint injections, rhizotomy, reflux surgery, back and neck surgery (incl. spinal fusion), joint replacement</b>			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
<b>MAJOR MEDICAL OCCURRENCES</b>			
<b>SUB-ACUTE FACILITIES AND WOUND CARE</b> 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
<b>TRANSPLANTS</b> (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
<b>PSYCHIATRIC TREATMENT</b>	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
<b>DIALYSIS</b>	100%		Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB level of care / entitlement only
<b>ONCOLOGY</b>	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
<b>PALLIATIVE CARE</b>	100%		In lieu of hospital admission. Pre-authorisation compulsory and subject to case management and Scheme protocols
<b>RADIOLOGY</b>	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
<b>PATHOLOGY</b>	100%		Unlimited. Hospitalisation is not covered if admission is for investigative purposes only
<b>BLOOD TRANSFUSION</b>	100%		Unlimited. Pre-authorisation compulsory
<b>ENDOSCOPIC PROCEDURES (SCOPES)</b>	100%		
Colonoscopy and / or gastroscopy			Pre-authorisation compulsory. No co-payment* if done in <b>DSP hospital and use of a DSP specialist</b> 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 <b>DSP hospital and use of a DSP specialist</b> for out-of-hospital services and in the case of PMB conditions
<b>OUT-OF-HOSPITAL BENEFITS</b>			
<b>DAY-TO-DAY BENEFITS</b>			
<b>ROUTINE MEDICAL EXPENSES</b> General practitioner, including virtual consultations and specialist consultations	100%	Unlimited	PMB level of care / entitlement only
<b>PATHOLOGY</b>			No benefit. Except for PMB conditions



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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
<b>MATERNITY</b>	<b>100%</b>		
<b>Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#</b>			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
<b>DAY-TO-DAY BENEFITS</b>	<b>100%</b>		
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
<b>CONSERVATIVE DENTISTRY</b>	<b>100%</b>		
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
<b>SPECIALISED DENTISTRY</b>	<b>100%</b>		
<b>Maxillo-facial and oral surgery</b>			DENIS protocols and Scheme rules apply
Surgery in dental chair			DENIS pre-authorisation compulsory. Removal of impacted teeth only
Surgery in dental chair			DENIS pre-authorisation compulsory. Removal of impacted teeth only
<b>HOSPITALISATION AND ANAESTHETICS</b>			
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
<b>EARLY DETECTION TESTS</b>	<b>100%</b>		
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) <b>OR</b> Digital Health Assessment (DHA)			All beneficiaries – once per year
<b>PREVENTATIVE CARE</b>	<b>100%</b>		
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
<b>CHRONIC BENEFITS</b>	<b>MST (≤)</b>	<b>BENEFIT</b>	<b>EXPLANATORY NOTES / BENEFIT SUMMARY</b>
<b>CHRONIC MEDICATION</b>			
Category A (CDL)	<b>100%</b>		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
<b>SUPPLEMENTARY BENEFITS</b>	<b>MST (≤)</b>	<b>BENEFIT</b>	<b>EXPLANATORY NOTES / BENEFIT SUMMARY</b>
<b>HIV / AIDS</b>	<b>100%</b>		Unlimited. Chronic Disease Risk Programme managed by LifeSense
<b>AMBULANCE SERVICES</b>	<b>100%</b>		For emergency transport contact 082 911. Unlimited, subject to protocols
<b>MEDICAL APPLIANCES</b>			
Wheelchairs, orthopaedic appliances and incontinence equipment (incl. contraceptive devices)	<b>100%</b>	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

# 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](http://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](mailto:disease.management@keyhealthmedical.co.za).

BENEFIT	WHO & HOW OFTEN	
<b>CHILD BOOSTER BENEFITS</b>		
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)	
<b>EARLY DETECTION TESTS</b>		
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) <b>OR</b> Digital Health Assessment (DHA)	All beneficiaries – once per year	
<b>PREVENTATIVE CARE</b>		
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)	
<b>WEIGHT LOSS (Pre-authorisation essential to access benefits)</b>		
Weight Loss Programme (Excludes the Origin option)	All beneficiaries with HA BMI ≥30: <ul style="list-style-type: none"> <li>• 3 x dietician consultations (1 per month)</li> <li>• 1 x biokineticist consultation (to create a home exercise programme for the member)</li> <li>• 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)</li> <li>• 1 x follow-up consultation with biokineticist</li> </ul>	
<b>MATERNITY (Pre-authorisation compulsory)</b>		
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](http://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](http://www.keyhealthmedical.co.za)

# 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](http://www.keyhealthmedical.co.za).

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## Contact KeyHealth



Visit  
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