



PLATINUM
HEALTH

PLATFREEDOM

OPTION

2025

Effective 1 January 2025



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



CARE



ACCESSIBILITY



EQUITY



EFFICIENCY



AFFORDABILITY



ACCOUNTABILITY



ETHICAL



AGILITY

Platinum Health Abbreviations

AIDS	Acquired immunodeficiency syndrome	PB	Per beneficiary
CDL	Chronic disease list	PET scan	Positron emission tomography scan
CDRP list	Chronic disease reference price list	PHRPL	Platinum Health Reference Price Listing
CMRP list	Chronic medication reference price list	PlatCap Formulary	List of medicine inclusive of all classes on a reference price
Copper IUD	Copper intrauterine device	PMB	Prescribed minimum benefits
CPAP	Continuous positive airway pressure	PMF	Per member family
CT scan	Computed tomography scan	PSA	Prostate-specific antigen
DSP	Designated service provider	RSA	Republic of South Africa
DTP	Diagnosis and treatment pairs	SAOA	South African Optometry Association
GP	General practitioner	Scheme tariff	NHRPL 2010 + 5%, escalated by percentage increase every benefit year
HIV	Human immunodeficiency virus	Scheme Formulary	List of medicine inclusive of all classes on a reference price
HPV	Human papillomavirus infection	SEP	Single exit price
LNG-IUD	Levonorgestrel Intrauterine Device	TRP list	Therapeutic reference price list
MMAP	Maximum Medical Aid Price	Medication TTO	Medication to-take-out
MRI scan	Magnetic resonance imaging scan		
OAL	Overall annual limit		
OTC	Over-the-counter		
PAT	Pharmacist advised therapy		

PlatFreedom OPTION

Benefits for 2025

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 per member family.

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.

	BENEFIT CATEGORY	RATE	LIMIT	AUTHORISATION
	Overall Annual Limit (OAL)		R1 221 241 per member family. All limits are subject to the Overall Annual Limit (OAL)	
A	ALTERNATIVE HEALTHCARE			
1	Homeopathic consultations and medicine only	80% of the lower of cost or Scheme rate	R9 474 per member family	
B	AMBULANCE SERVICE			
1		100% if authorised by preferred provider		Subject to approval by preferred provider
C	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
1	General medical and surgical appliances and appliance repairs	100% of the lower of cost or negotiated Scheme rate	R23 119 per member family (Appliances limit)	
2	CPAP (Continuous Positive Airway Pressure)		Subject to the Appliances limit	
3	Glucometers		R1 379 per beneficiary, included in the Appliances limit	
4	Peak flow meters		R593 per beneficiary, included in the Appliances limit	
5	Nebulisers		R1 585 per beneficiary, included in the Appliances limit	
6	Foot orthotics		R5 863 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

	BENEFIT CATEGORY	RATE	LIMIT	AUTHORISATION
D	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
1		100% of negotiated fee	Subject to OAL	Authorisation required
E	CONSULTATIONS AND VISITS - General Practitioners and Medical Specialists			
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	M0: R6 865 M1: R10 297 M2: R13 717 M3+: R17 161 Excludes visits for alternative healthcare, dental, maternity, mental health, oncology, additional medical services, and physiotherapy.	
F	DENTISTRY			
1	Basic: 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	R16 800 per member family Subject to clinical protocol approval.	Authorisation required for all dental treatment in-hospital
2	Advanced: 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	R17 391 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 approval.	Authorisation required for advanced dentistry, subject to clinical protocol approval
G	HOSPITALISATION			
1	Accommodation in a general ward, highcare 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
H	ALTERNATIVES TO HOSPITALISATION			
1	Physical rehabilitation facilities, hospice, nursing services and sub-acute facilities	100% of the lower of cost or Scheme rate	R92 882 per member family	Authorisation required
I	IMMUNODEFICIENCY SYNDROME (HIV/AIDS)			
1		100% of cost		Authorisation required
J	INFERTILITY			
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	AUTHORISATION
K	MATERNITY			
1	Hospital: Accommodation, theatre fees, labour ward fees, dressings, medicines, and materials. Note: For confinement in a registered birthing unit or out-of-hospital, four (4) postnatal 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	R10 830 per member family, 3D scan paid up to cost of 2D scan	
3	Amniocentesis	80% of the lower of cost or Scheme rate	R10 900 per member family and further limited to one test for a family each year	
L	MEDICINE AND INJECTION MATERIAL			
1	Acute medicine: including malaria prophylactics	100% of the approved price	M0: R6 889 M+1: R11 965 M+2: R15 952 M3+: R18 490 (Acute Medicine limit)	Refer to general Scheme exclusions
2	Medicine on discharge from hospital	100% of the approved price	R617 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	R2 055 per member family; maximum R509 per script. Included in the Acute Medicine limit	Refer to general Scheme exclusions
4	Chronic medicine	Chronic Disease List conditions 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) Additional Disease List conditions 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	AUTHORISATION
M	MENTAL HEALTH			
1	Psychiatric and psychological treatment in-hospital (including hospitalisation costs and procedures)	100% of the lower of cost or Scheme rate	R56 100 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: Clinical Psychologist, consultations, visits, assessments, therapy, treatment, and counselling	100% of the lower of cost or Scheme rate	R9 475 per member family	Subject to referral by medical practitioner.
N	NON-SURGICAL PROCEDURES AND TESTS			
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	R11 421 per member family	Authorisation required
O	OPTOMETRY			
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 R3 820 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	R3 820 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	R23 119 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 from anniversary of claiming PB.	
P	ORGAN AND TISSUE TRANSPLANTS			
1	Harvesting of organ/s, tissue and the transplantation of them (limited to RSA)	100% of the lower of cost or Scheme rate	R266 452 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	R35 529 per beneficiary, included in the Organ Transplant limit	Authorisation required

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

	BENEFIT CATEGORY	RATE	LIMIT	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	R13 221 per member family	
3	Specialised (in- and out-of-hospital)	100% of the lower of cost or Scheme rate	R25 101 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	R266 452 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 2025

Salary Band	Band 1 R0 – R15 465	Band 2 R15 466 – R22 980	Band 3 R22 981 – R31 662	Band 4 R31 663 – R64 220	Band 5 R64 221+
Principal	R2,687	R3,435	R3,720	R4,644	R5,503
Adult	R2,108	R2,707	R2,858	R3,598	R4,370
Child	R721	R926	R999	R1,105	R1,293

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.

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-authorization 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)



13. Contact details

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

Platinum Health offers a convenient one-stop service, giving members access to a wide range of healthcare professionals and the assurance of competent case management in line with the Scheme's vision of providing quality, affordable healthcare.

An efficient administration team is ready to help you with:

- Your request for information;
- Obtaining pre-authorisation;
- Registration on a management programme;
- Claims enquiries; and
- Emergency procedures.

To ensure a quick response to your enquiry, contact Client Liaison or Case Management by calling toll free or emailing.

PLATINUM HEALTH CORPORATE OFFICE

Tel: 087 463 0660
Email: phclientliaison@platinumhealth.co.za
Physical address: 3 Kgwebo Street, Mabe Office Park, Rustenburg, 0299
Postal address: Private Bag X82081, Rustenburg, 0300
Office hours: Monday to Friday 07:30 – 16:00

CLIENT LIAISON

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

CASE MANAGEMENT

Tel: 014 590 1700 or 080 000 6942 (toll free)
A/H emergency: 082 800 8727
Email: plathealth@platinumhealth.co.za (**specialist authorisation**)
HospitalConfirmations@platinumhealth.co.za (**hospital pre-authorisation and authorisation**)
Office hours: Monday to Thursday 09:00 – 17:00
 Friday 09:00 – 16:00

MEMBERSHIP

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



PLATINUM HEALTH

COMPLAINTS AND DISPUTES

Members must first try and resolve their complaint with the Scheme and only contact The Council for Medical Schemes if they are still in disagreement with their Medical Scheme.

THE COUNCIL FOR MEDICAL SCHEMES

Block A Eco Glades 2 Office Park
420 Witch-Hazel Street, Ecopark
Centurion, 0157

Telephone: 012 431 0500

Fax: 012 431 0500

Customer Care call-share number: 0861 123 267

Email: complaints@medicalschemes.com

Website: www.medicalschemes.com

DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

