KeyHealth
MEDICAL SCHEME

Real value speaks for itself



ESSENCE
2027

SCAN ME

ESSENCE

Essence is an affordable hospital option for emergencies and unexpected medical costs, offering simple, essential cover for peace of mind.

It offers unlimited private hospital benefits, cover for 26 chronic conditions, preventative care, early detection tests, and a yearly dental check-up.

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



Unlimited private hospital benefits*



Easy-ER | Netcare 911



Benefits for 26 chronic medical conditions



Preventative care and early detection benefits



Smart Baby Programme Maternity benefits

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

Is emergency protection your primary concern?

When you're young, healthy and starting out, the biggest financial risk is often not routine healthcare costs. However, a serious illness, accident, or unforeseen hospital admission can have a significant impact on your physical and financial wellbeing and derail your plans for the future. To safeguard against this, you need the Essence option. It provides essential protection for medical events when you need it most.

	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R2 616	R2 096	R942

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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%	R725	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, use of DSP, and Scheme protocols. PMB level of care / entitlement only
Diabetic wound / ulcer care	100%		Heberprot-P (advanced biological and targeted treatment). Pre-authorisation compulsory, subject to case management and Scheme protocols
TRANSPLANTS (solid organs, tissue and corneas) Hospitalisation, harvesting and drugs for immuno-suppressive therapy	100%		Pre-authorisation compulsory and subject to use of DSP, case management, and Scheme protocols. PMB level of care / entitlement in DSP hospitals only
MACULAR DEGENERATION	100%		Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols. PMB level of care / entitlement only
PSYCHIATRIC TREATMENT	100%	R27 300	Pfpa. Pre-authorisation compulsory and subject to case management. In-hospital benefit only. Out-of-hospital (in-person or virtual consultations): PMB level of care / entitlement only. Unlimited PMB benefits
DIALYSIS	100%		Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols. PMB level of care / entitlement only
ONCOLOGY	100%	R214 000	Per family per rolling 12-month cycle. Pre-authorisation compulsory and subject to case management, Scheme protocols, and 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		R22 700	Pfpa. Combined benefit in- or out-of-hospital. R1 790 co-payment per scan (in- or out-of-hospital), excluding confirmed PMBs
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%		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 practitioners, family physicians, including virtual and specialist consultations	100%	Unlimited	PMB level of care / entitlement only
PATHOLOGY			No benefit. Except for PMB conditions

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OUT-OF-HOSPITAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
MATERNITY			
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#			12 visits. Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Additional screening tests. Subject to use of DSP
Ultrasounds (GP or gynaecologist) – one before the 24th week and one thereafter#			2 pregnancy scans. Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Subject to use of DSP
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 640 per pregnancy
Antenatal vitamins			Covered to the value of R2 770 per pregnancy
Antenatal classes			Covered to the value of R2 770 for first pregnancy
RSV vaccine			1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery
CHILD BOOSTER	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
Specialist visit			Baby registered on Scheme. 2 visits in baby's 1st year 1 visit in baby's 2nd year
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
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 R2 150 co-payment per hospital admission (no co-payment for day hospital)
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) **AND / OR** Digital Health Assessment (DHA): Blood pressure measurement, heart rate, respiration rate			All beneficiaries – once per year Beneficiaries aged ≥ 18 – twice per year
PREVENTATIVE CARE	100%		
Flu vaccination			All beneficiaries
COVID-19 vaccinations and boosters			All beneficiaries
Tetanus vaccination			All beneficiaries (as and when required)
Pneumococcal vaccination (Prevenar not included)			All beneficiaries
Malaria medication			All beneficiaries – R525 once per year
Contraceptive medication – tablets / patches			Female beneficiaries aged ≥16 – R200 every 20 days
Contraceptive medication – injectables			Female beneficiaries aged ≥16 – R310 every 72 days
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, incontinence equipment and sleeves / liners (for artificial limbs) (incl. contraceptive devices)	100%	R10 000	Pfpa. Combined in- and out-of-hospital benefit, subject to quantities, replacement periods and Scheme protocols. No pre-authorisation required. No benefit for maintenance and batteries
Oxygen / nebuliser / glucometer / blood pressure monitor			Pre-authorisation compulsory, subject to quantities, replacement periods and Scheme protocols. No benefit for maintenance and batteries

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 beneficiaries 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
- The Easy-ER card for children provides immediate access to a hospital's ER facility, even if children are not accompanied by a parent

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

Note: The ER services must be rendered on the day of the incident / injury.

UNSURE OF WHEN TO GO TO THE ER?

- Don't hesitate to contact **Netcare 911**'s 24-hour Health-on-line service on 082 911. The nurses on call with assist with medical information, advisory services and member education
- 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 beneficiaries
- The Easy-ER benefit does not include pharmacy or medical appliance claims, provides follow-up consultations, and radiology and pathology tests
- Admission to hospital, after treatment at the ER facility, 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
- The benefits of Easy-ER are not to be abused. KeyHealth reserves the right to recoup any monies from the Principal Member and to suspend Easy-ER benefits immediately

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
BNAP	Back and Neck Assistance Programme
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 Iso Leso Optics
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 (also known as TTO – to take out medication)
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)
pfp5a	per family every 5 years

* 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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