Keyhealth
MEDICAL SCHEME

Real value speaks for itself



SILVER

2027

SCAN ME

SILVER

Silver offers broader chronic, day-to-day and family-focused support.

It includes unlimited private hospital benefits, enhanced day-to-day and optical benefits, benefits for 30 chronic conditions, three extra doctor's visits for children, dental benefits including orthodontics for minors, and a major depression benefit.

An increased benefit for in-room procedures helps reduce avoidable hospitalisation.

With Geri-Care, rich maternity benefits, Health Booster and Child Booster benefits, Silver is for members who expect more from their medical scheme.

It takes everyday benefits and loads them with a silver lining.



Unlimited private hospital benefits*



Enhanced day-to-day medical benefits with 3 additional GP visits for Child Dependants



Optical and dental benefits



Benefits for 30 chronic medical conditions



Easy-ER Netcare 911



Health Booster



Smart Baby Programme maternity benefits



Child Booster

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

Have your healthcare needs outgrown basic benefits?

As families grow and healthcare needs increase, more benefit support is necessary. The Silver option offers enhanced day-to-day benefits and added family-focused value. If you need more chronic condition benefits, more doctor's visits for your children, and additional optical and dental benefits for the whole family, Silver is for you.

	Principal Member	Adult Dependant	Child Dependant
Monthly contribution	R6 352	R3 419	R1 328

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SILVER OPTION

MAJOR MEDICAL BENEFITS	MST (≤)	BENEFIT	EXPLANATORY NOTES / BENEFIT SUMMARY
HOSPITALISATION			**Pre-authorisation compulsory**
Varicose vein and reflux surgery			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%	R8 750	Pfpa. Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols
Global fee Uncomplicated hip and knee joint replacements	100%		Pre-authorisation compulsory and subject to case management, reference pricing, use of DSP, and Scheme protocols
Medication on discharge	100%	R725	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)#			10 visits. Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Additional screening tests. Subject to use of DSP. Subject to Health Booster benefits
Postnatal visits (GP, gynaecologist or midwife)			2 visits. Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Subject to use of DSP. Subject to Health Booster benefits
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. Subject to Health Booster benefits
Short payments / co-payments for services rendered (#above) and birthing fees			Covered to the value of R1 640 per pregnancy. Subject to Health Booster benefits
Antenatal vitamins			Covered to the value of R2 770 per pregnancy. Subject to Health Booster benefits
Antenatal classes			Covered to the value of R2 770 for first pregnancy. Subject to Health Booster benefits
RSV vaccine			1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery
SUB-ACUTE FACILITIES AND WOUND CARE Hospice, private nursing, rehabilitation, step-down facilities and wound care	100%	R40 900	Pfpa. Combined benefit. Pre-authorisation compulsory and subject to case management, use of DSP, and Scheme protocols. Wound care is included in this benefit up to an amount of R13 050
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 and Scheme protocols. In-hospital benefit only. Out-of-hospital (in-person or virtual consultations): PMB 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%	R241 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 for specialised radiology, including MRI and CT scans Hospitalisation not covered if radiology is for investigative purposes only (day-to-day benefits will then apply)
MRI and CT scans		R23 850	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
PET scans			Pre-authorisation compulsory and subject to case management and Scheme protocols. PMB level of care / entitlement only
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	150%		Pre-authorisation compulsory and subject to Scheme protocols Cover for a list of approved procedures performed in the specialist's rooms R5 000 co-payment per hospital admission (no co-payment if done in rooms or day hospitals) Defined list available on the KeyHealth website and on request

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

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, 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: R10 100 pa Adult Dependant: R7 340 pa Child Dependant: R2 045 pa (maximum of 3 Child Dependants) **Additional general practitioner consultations (3 pfpa) after depletion of available day-to-day benefit for Child Dependant/s up to the age of 21**
Over-the-counter medicine	100%	R2 270	Pfpa sublimit. Subject to day-to-day benefit
Over-the-counter reading glasses		R165	Pbpa. 1 pair per year. Subject to the over-the-counter medication sublimit
PATHOLOGY	100%		Subject to day-to-day benefit
CHRONIC MEDICATION			
Category A (CDL)	100%		Unlimited, subject to reference pricing and protocols Registration on Chronic Disease Risk Programme compulsory
Category B (other)	100%		Additional 4 non-PMB CDL conditions: acne and ADHD / ADD for children up to the age of 21, allergic rhinitis, and major depression for all beneficiaries
OPTICAL SERVICES			
Eye test / consultation		R625	1 test pbp2a. Payable from Risk. Separate from day-to-day benefits
Materials / components	100%	R2 140	Pbp2a. Total optical benefit. Subject to day-to-day benefit and optical management. Benefit confirmation compulsory. Combined benefit – one pair spectacles (single vision, bifocal, or base multifocal lenses, including frames) or contact lenses
Refractive surgery			No benefit
DENTISTRY			
CONSERVATIVE DENTISTRY			Subject to DENIS protocols, managed care interventions and Scheme rules Exclusions apply in accordance with Scheme rules
Consultations	100%		1 check-up pbpa
X-rays: Intraoral	100%		
X-rays: Extra-oral	100%		1 pbp3a
Preventative care	100%		1 scale and polish treatment pbpa
Fillings	100%		1 per tooth per 1 080 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			
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
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. Temporo-Mandibular 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. R2 150 co-payment per hospital admission (no co-payment for day hospital)
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			
SUPPLEMENTARY BENEFITS	**MST (≤)**	**BENEFIT**	**EXPLANATORY NOTES / BENEFIT SUMMARY**
WORKABILITY Conservative Back and Neck Assistance Programme (BNAP)			Conservative Back and Neck Assistance Programme in lieu of surgery. Pre-authorisation compulsory and subject to case management and Scheme protocols at approved Workability 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, incontinence equipment and sleeves / liners (for artificial limbs) (incl. contraceptive devices)	100%	R10 300	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 and subject to quantities, replacement periods and Scheme protocols. No benefit for maintenance and batteries
Hearing aids and maintenance (batteries included)			Pfp5a. Subject to medical appliances benefit, replacement periods and Scheme protocols

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. Refer to the Essence benefit option.

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

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

MATERNITY BENEFITS
Pre-authorisation is required in order to access the maternity benefits on Health Booster. Contact Alignd on 087 898 0000 to obtain authorisation. (Failing to do this will result in the service costs being deducted from day-to-day benefits).

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, done at any pharmacy:

- 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 (DHA), via the the member app.

This assessment comprises:

- Blood pressure measurement
- Heart rate monitoring
- Respiration rate

Principal Members and their beneficiaries will be entitled to one Health Assessment (HA) and / or two Digital Health Assessment (DHA) per benefit 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 the member or the service provider via email 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	
Specialist visits	Baby registered on Scheme. 2 visits in baby's 1st year. 1 visit in baby's 2nd year	
Child growth assessments	Platinum and Gold options only: 3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-35 months	Silver, Equilibrium and Origin options only: 3 baby growth assessments per year at a pharmacy / baby clinic for beneficiaries aged 0-7 years
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) **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		
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 (Silver, Equilibrium and Origin options only)	
Contraceptive medication – injectables	Female beneficiaries aged ≥16 – R310 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 by Alignd compulsory)		
Antenatal visits (GP, gynaecologist or midwife) and urine test (dipstick)#	10 visits. Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. Including additonal screening tests	
Postnatal visits (GP, gynaecologist or midwife)	2 visits. Female beneficiaries. Pre-notification of and pre-authorisation by the Scheme compulsory. 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.	
Short payments / co-payments for services rendered (#above) and birthing fees	Covered to the value of R 1640 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	

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.

*Excludes Essence. Refer to Essence benefit option for maternity benefits.

Smart Baby

aligned. Value. Trust. Solutions.

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#	10 visits
Postnatal visits (GP, gynaecologist or midwife)	2 visits
Ultrasound (scans)	2 pregnancy ultrasounds (2D, 3D and 4D scans reimbursed at the 2D rate)
Specialist visits (once baby is a registered dependant)	2 visits in baby's first year 1 visit in baby's 2nd year
Short payments / co-payments for services rendered (#above) and birthing fees	R1 640 per pregnancy
Antenatal vitamins	R2 770 per pregnancy
Antenatal classes	R2 770 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)
- Syphilis test at the first antenatal visit
- Chlamydia test at the first antenatal visit
- Hepatitis B in the first trimester
- Rh incompatibility for the first pregnancy between 24-28 weeks
- Nuchal translucency (NT) scan, subject to clinical protocols and pre-authorisation
- NIPT (non-invasive prenatal test) pathology screening, subject to clinical protocols and pre-authorisation

ADDITIONAL VACCINE

- RSV vaccine (Pfizer's Abrysvo) 1 per pregnancy from week 27 of gestation but no later than 30 days before expected date of delivery

THE SMART BABY PROGRAMME PROVIDES

- Information about KeyHealth's maternity benefits and how to access them
- 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
- Regular communication with parents-to-be

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 https://keyhealth-smartbaby.alignd.co.za/register.

REGISTER ON THE 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
- 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
- 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
- NB: Register baby as a KeyHealth dependant within 30 days after birth

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

GLOSSARY	
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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