



PLATINUM
HEALTH

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FAQs

FREQUENTLY ASKED QUESTIONS

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Medical emergencies: 082 911

Medical emergencies and Case Management after hours: 082 800 8727

CASE MANAGEMENT

The Case Management department is situated in the Old Mutual Building,
171 Beyers Naudé Drive, Rustenburg

Tel: 014 591 6600 or 080 000 6942

Fax: 086 233 2406 or 086 247 9497

Email: plathealth@angloamerican.com (specialist authorisation)

Hospitalconfirmations@angloamerican.com

(hospital pre-authorisation and authorisation)

ZZGPlatinumHealthCaseManagement@angloamerican.com

(alternative email address for both specialist and hospital authorisation)

CLIENT LIAISON

The Client Liaison Office is situated in the Old Mutual Building,
171 Beyers Naudé Drive, Rustenburg

Tel: 014 591 6600 or 080 000 6942

Fax: 014 592 2252

Email: phclientliaison@angloamerican.com

CHRONIC MEDICATION/CLINICAL MOTIVATION

PHMC Pharmacy: 014 590 1900


Fax: 086 577 0274 or 014 590 1752

Email: ZZGPlatinumHealthChronicMedication@angloamerican.com

ZZGPlatinumHealthClinicalMotivation@angloamerican.com

Website: www.platinumhealth.co.za





The Frequently Asked Questions booklet was compiled to provide answers on frequently asked questions received from Platinum Health members. The booklet is divided into sections, starting with membership which is the first step of a member's journey with Platinum Health. The booklet furthermore provides answers on questions related to Pensioners (continuation members), Client Liaison, Case Management, Maternity Programme, Pharmacy, Mental Health, Emergencies, Overseas cover, and concluding with Claims.

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The contents are subject to the Medical Schemes Act, Regulations and Platinum Health Rules.

MEMBERSHIP

Q Can anyone become a member of Platinum Health?

A No, Platinum Health is registered as a restricted medical scheme. In terms of the rules of Platinum Health Medical Scheme (PHMS), only employer groups operating in the platinum and chrome mining industries may join Platinum Health.

Q How can I prove to Platinum Health that I was a member of another scheme?

A A scheme must within 30 days of termination of membership, or at any time at the request of a former member, or of a dependant of a member, provide such person with a membership certificate stating the period of cover and other prescribed information.

Q Can Platinum Health terminate my membership in case of:

1. Retrenchment,
2. Redundancy,
3. Retirement; and
4. Medical incapacitation (boarded)?

A In respect of retrenchments and redundancies, members are not permitted to continue being members of Platinum Health. Should employers wish to extend medical scheme membership of affected employees they can apply to the



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Platinum Health Board of Trustees for an extension in medical scheme membership of up to 6 months. Such application will only be considered if membership is extended to all affected employees.

- Members retiring (55 years or older) or medically boarded are entitled to elect to stay on as members of Platinum Health.
- It is important to note that retirement fund administrators may take in excess of three months to pay pension. To ensure continuance of Platinum Health the member must ensure contributions are paid timeously or membership will be discontinued.

Q May I participate in the operation of Platinum Health?

A Platinum Health rules provide for one employer nominated trustee and one member elected trustee per constituency. The member elected trustees represent the membership of that constituency on the Platinum Health Board of Trustees. Members therefore can participate in the scheme through their member elected trustees.

- In terms of the Medical Schemes Act, an Annual General Meeting (AGM) has to be held where members approve the Board of Trustees Report, Annual Financial Statements, Appointment of Auditors and the Board of Trustees. Members may also submit a motion to be considered at the AGM.

Q Can I belong to more than one Medical Scheme at the same time?

A In terms of Section 28 of the Medical Schemes Act, no person is permitted to be a member of more than one Medical Scheme at the same time.

Q If a principal member passes away, will his/her dependants that were on Platinum Health at the time of death, still be covered?

A Dependants of a deceased member are entitled to remain members of Platinum Health. **It is important to note that dependants need to apply with Platinum Health within 30 days of deceased member's death.** The dependant who becomes the principal member or the beneficiaries of the deceased member will be responsible to pay medical scheme contributions.

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Q What do dependants need to do in order to remain on the Scheme after the principal member's death?

A Dependants need to complete a Membership Application form which is accessible from the Platinum Health website (www.platinumhealth.co.za) or Client Liaison offices. The following documentation needs to be submitted with the completed Membership Application form:

- Copy of applicant's ID document.
- Copy of dependant's birth certificate or ID.
- Proof of income and/or three-months' bank statements.

Please refer to pages 12 and 13 for Client Liaison contact details.

Q What are the types of waiting periods?

A In terms of Section 29A of the Medical Schemes Act there are two kinds of waiting periods i.e. General waiting period of up to three months and condition-specific waiting period of up to 12 months. The general waiting period can be bought out by the member agreeing to pay three months medical scheme contributions upfront in addition to paying the normal monthly contributions. The condition specific waiting periods apply to pre-existing medical conditions. During the condition specific waiting period members will not be covered in respect of pre-existing medical conditions.

Q What are the waiting periods for specific conditions?

A Should a member of Platinum Health apply to add any dependants after the initial join date of the member, and the dependant for whom the application is made for membership who:

- Was not a member or dependant of a medical scheme for a period of at least 90 days preceding the date of application, a general waiting period of 3 months and a condition specific waiting period of 12 months will apply.
- Was previously a member or dependant of a medical scheme for a continuous period of up to 24 months, terminating less than 90 days immediately prior to the date of application; a general waiting period

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of 3 months and a condition specific waiting period of 12 months will apply, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits (PMBs).

Q When do such waiting periods NOT apply?

A If a new-born baby is registered within 30 days of birth and join date is from date of birth;

- If you have to transfer membership because of a change of employment;
- If dependants join on the same date as the principal member.
- If the dependant is registered within 30 days of getting married and join date is date of marriage.

Q Will Platinum Health cover step children?

A Yes, if the principal member is liable for family care and support.

Q What do I need to do if my child goes to university?

A You need to inform Platinum Health of the child's new address where he will attend university. If the child is still studying when he turns 21, proof of studies has to be submitted to Platinum Health annually.

Q How do I change my address or contact details?

A A member should complete the "Request to change membership details, scheme option or card request" form, which is accessible from the Platinum Health website (www.platinumhealth.co.za) or Client Liaison Offices. Completed forms to be emailed to ZZGEngagementOfficeMembership@angloamerican.com

Q Can I add my brothers or sisters?

A Yes, provided:

- They are blood relatives (no brothers or sisters-in law)
- Don't earn more than a state pension.

The principal member will have to provide:

- Copy of dependant's ID.

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- Copy of dependant's bank statement.
- Affidavit which states:
 - Relation to member.
 - Financial dependency.

Q May I add my parents?

A Yes, provided that the dependant earns no more than a state pension.

The principal member will have to provide:

- copy of dependant's bank statement
- copy of dependant's ID
- an affidavit which states:
 - the relationship of the dependant to the principal member, and
 - that the dependant is financially dependent on the principal member.

Q May I add my in-laws?

A No, the principal member is not allowed to add in-laws.

Q What are late joiner penalties?

A In terms of Section 13 of the Regulations to the Medical Schemes Act, contribution penalties to a late joiner may be applied to any adult dependant.

- The late joiner penalty is calculated based on formulas provided in Sec 13 (2) and (3) of the Regulations.

Q Where do I obtain a new or updated medical scheme card?

A Members can visit our Client Liaison Office situated at 171 Beyers Naude Street, Old Mutual building, Rustenburg OR

- Contact one of our Client Liaison Officers at the site where you work. Please refer to pages 12 and 13 for Client Liaison contact details.



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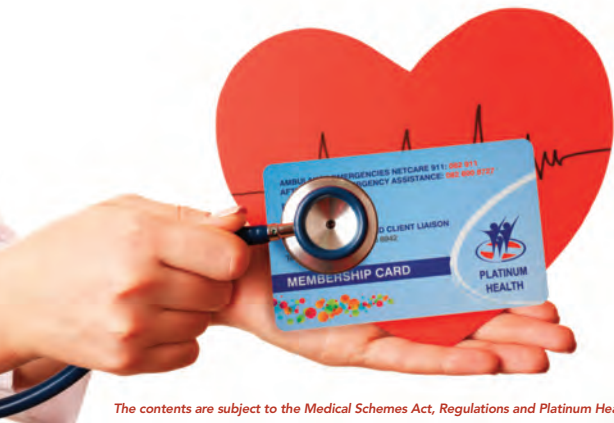
Q What are prescribed minimum benefits (PMBs)?

A Prescribed Minimum Benefits (PMB's) are a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being. The Scheme can, however, apply clinical criteria and managed healthcare protocols to the PMB's and stipulate that members make use of a designated service provider for PMB services.

Q Who is CareCross and how does it work?

A Platinum Health has entered into an agreement with CareCross to broaden the general practitioner designated services provider (DSP) services for PlatCap members. CareCross has a national footprint across South Africa and doctors charge scheme rates as per agreement.

- Members of PlatCap are obliged to use CareCross/Scheme DSP's throughout South Africa.
- Benefits for GP consultations include 12 visits per beneficiary. Pre-authorization required after 12th consultation for PMB's only.



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PENSIONERS (continuation members)

Q How do the contributions work for pensioners (continuation members)? Do they pay the whole contribution including the company contribution or do they get preferential rates?

A The same contribution tables apply to all members and a pensioner (continuation member) will have to provide proof of their income by means of a bank account to determine the salary band. If a pensioner (continuation member) receive a subsidy from their previous Employer, he/she will pay the contribution less the subsidy and the subsidy will be recovered from the Employer.

Q What happens at retirement or even early retirement? Can I still remain a member of Platinum Health?

A Any member who is 55 years or older is entitled to remain a member of Platinum Health. The member should complete a new Membership Application form with the relevant documentation and submit to the Client Liaison department. Retired members as well as widow members are referred to as continuation and widow members (CAWM's).

Q What happens when the principal member passes away?

A Dependents of a deceased member are entitled to remain members of Platinum Health. They will need to apply with Platinum Health by completing a Membership Application form. The dependant who becomes the principal member or the beneficiaries of the deceased member will be responsible to pay medical scheme contributions.

Q If a principal member passes away, will the minor dependants that were on the scheme at the time of death still be covered?

A Yes, with the assistance of his/her parents or guardian, provided that the relevant contributions are paid by him/her or on behalf of him/her.

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CLIENT LIAISON

Q What is the function of the Client Liaison department?

A The function of the Client Liaison department is to:

- Ensure that members are kept informed.
- Assist members with, membership, accounts (claims), tax and benefit queries.
- Conduct weekly site visits to build relationships and attend to queries of members.

Q Where is the Client Liaison department situated?

A The Client Liaison department is situated at 171 Beyers Naude Drive, Old Mutual Building, Rustenburg.

Q What are the contact details of Client Liaison?

A Rustenburg Region

- Tel: 014 590 6600 or 080 000 6942
- Fax: 014 592 2252
- Client Liaison Supervisor: 083 791 1345
- Client Liaison Officers: 083 842 0195 / 060 577 2303 / 060 571 6895
- Email: phclientliaison@angloamerican.com

• **Thabazimbi Region** (Union, Amandelbult and Thabazimbi)

- Client Liaison Supervisor: 081 037 2977
- Client Liaison Officer: 083 795 5981
- Email: PHCLThabazimbiregion@angloamerican.com

• **Northam**

- Client Liaison Supervisor: 081 037 2977
- Client Liaison Officer: 083 719 1040
- Email: PHCLNortham@angloamerican.com

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- **Eastern Limb Office**

- Client Liaison Supervisor: 083 414 6573
- Client Liaison Officers: 083 455 7138 / 060 571 0870
- Email: PHCLEasternLimb@angloamerican.com

- **Modikwa Office**

- Tel: 013 230 2040
- Client Liaison Supervisor: 083 414 6573
- Client Liaison Officer: 083 455 7138
- Email: PHCLEasternLimb@angloamerican.com

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CASE MANAGEMENT

Q What is the function of the Case Management department?

A Case Management monitors several aspects of the medical treatment, to ensure that our vision of providing quality, affordable healthcare is adhered to. Case Management administers specific management programmes and authorises specialist consultations and hospital admissions.

Q What is an authorisation?

A An authorisation is the process of obtaining an authorisation number for specialist referrals, a procedure in a hospital and all MRI, CCT and PET scans. All DSP specialists, hospitals and radiologists will be paid 100% of the agreed rate for medical or surgical treatment if members make use of them.

Q When do I need to get authorisation?

A You need to get authorisation from Case Management if you have to undergo a procedure in a hospital, consult a specialist, undergo special radiology investigations or be registered on managed-care programmes such as maternity and oncology.

Q Do I need authorisation to see a general practitioner (GP)?

A No, you do not need to get authorisation to see a GP.

Q Do I need an authorisation number to consult a Paediatrician?

A Yes. A Paediatrician is a specialist and therefore an authorisation number is needed. A member has to consult with a GP who will submit a detailed clinical referral letter with relevant documentation to Case Management. Case Management will evaluate the request with the assistance of the Medical Advisor and approve or reject the request. Please refer to page 15 for Case Management contact details.

Q Where is the Case Management department situated?

A The Case Management department is situated at 171 Beyers Naude Drive, Old Mutual Building, Rustenburg.

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Q May Platinum Health request pre-authorisation or a second opinion in respect of certain benefits?

A Medical schemes are entitled to apply managed healthcare principles. In terms of the Platinum Health rules, pre-authorisation has to be obtained prior to being referred to specialists, being hospitalised or for MRI, CT & PET scans.

Q What is a designated service provider (DSP)?

A A healthcare provider or group of providers selected by the scheme as the preferred provider or providers to provide to its members diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions.

Q What are the contact details of the Case Management department?

A Tel: 014 591 6600 or 080 000 6942

Fax: 086 233 2406 or 086 247 9497

Email: plathealth@angloamerican.com (specialist authorisation) /

hospitalconfirmations@angloamerican.com (hospital pre-authorisation and authorisation)

ZGPlatinumHealthCaseManagement@angloamerican.com (alternative email address for both specialist and hospital authorisation)

Website: www.platinumhealth.co.za

After-hour emergencies: 082 800 8727

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MATERNITY PROGRAMME



Q If I find out I am pregnant, do I need to inform Platinum Health Medical Scheme?

A When a member discovers that she is pregnant, she should register at Case Management on the Platinum Health Maternity Programme after consulting with a general practitioner.

Q What does the Maternity Programme cover?

A Platinum Health offers a comprehensive ante-natal service for pregnant members and beneficiaries. This includes visits to general practitioners and gynaecologists, and three ultrasound scans with pre-authorization.

Q What supplements are provided by the maternity programme?

A Supplements provided by the Maternity Programme are folic acid during the first trimester and an FA, B-12 and Fe combination from the second trimester onwards, supplemented by calcium after week 28. Platinum Health pays for the approved “maternity” vitamins.

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Q Can a medical scheme impose a condition-specific waiting period on pregnancy?

A If the principal member does not register his spouse on the medical scheme and she becomes pregnant; and he then wants to register her on the scheme, the scheme will not cover the pregnancy. However, the baby can be registered on the scheme if he/she is registered within 30 days after birth.

Q What is an ultrasound scan?

A An ultrasound scan, also referred to as a sonogram, diagnostic sonography, and ultrasonography, is a device that uses high frequency sound waves to create an image of some part of the inside of the body, such as the stomach, liver, heart, tendons, muscles, joints and blood vessels. Experts say that as sound waves, rather than radiation are used, ultrasound scans are safe. Obstetric sonography is frequently used to check the baby in the womb.

Q How many ultrasounds are covered for the duration of my pregnancy?

A Platinum Health covers three ultrasound scans which are performed at 12 and 22 weeks, and between 23 and 40 weeks. Other sonars will be for the member's own account, if no complication is registered.

Q Are ante-natal classes covered by the scheme?

A No, Platinum Health does not cover ante-natal classes.

Q What will Platinum Health fund once I'm in hospital in labour?

A Platinum Health will fund a normal maternity bed as part of the delivery. The member can ask for a private room but will have to pay the difference between the maternity room and the private room. It is the member's responsibility to book the bed. Pre-authorisation should be obtained through Case Management for the delivery or any other complications in pregnancy. Hospital benefits are applicable per option.

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Q How long after birth do I have to register my new-born baby with PHMS?

A It is the responsibility of the principal member to ensure that the new-born baby is registered within 30 days of birth and join date is from date of birth.

Q What documentation has to be completed and submitted for a new-born baby to be registered on Platinum Health Medical Scheme?

A The principal member has to complete and sign a Platinum Health Membership Application form and submit a copy of a birth certificate within 30 days of the birth of the baby. **A Hospital Confirmation/Notification document can temporarily be submitted together with the application, however, this document is only valid for 30 days. As soon as the new-born baby has been registered with the Department of Home Affairs, the member is responsible to submit a copy to the scheme within 30 days of date of birth.**

Q Where can the principal member register his/her new-born baby?

A The new-born baby should be registered at your Employee Services processing Walk-in centres or HR/EB offices or at respective Platinum Health Client Liaison offices. Refer to pages 12 and 13 for Client Liaison contact details.

Q Does Platinum Health pay for immunisation of my new-born baby?

A No, Platinum Health does not pay for the immunisation of the new-born baby.

Q Do I need to get authorisation for my new-born's follow-up visits with the Paediatrician, after delivery?

A Yes, a Paediatrician is a specialist and therefore an authorisation number should be obtained, prior to the 6-weekly follow-up visit. After the 6-week visit, the baby will have to be referred by a GP again and a separate authorisation number is needed for each visit with the Paediatrician. Please

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note: If the baby was seen by the Paediatrician while still in hospital, a different authorisation number will be required for the baby than that of the mother. Refer to page 15 for Case Management contact details.

Q What if my baby passes away after birth or my baby is still-born?

A If your baby is still-born or in the unfortunate event that the baby passes away shortly after birth, please note that the baby still needs to be registered with the scheme.

Q Do I need to get pre-authorisation from Case Management when I am hospitalised and in labour?

A Yes, pre-authorisation for hospitalisation should be obtained through Case Management for the delivery or any other complications in pregnancy.

- Contact details for Case Management: Tel: 014 591 6600 or 080 000 6942
After-hour emergencies: 082 800 8727
Fax: 086 247 9497 or 086 233 2406

Email: plathealth@angloamerican.com (specialist authorisation)

hospitalconfirmations@angloamerican.com (hospital pre-authorisation and authorisation) ZZGPlatinumHealthCaseManagement@angloamerican.com (alternative email address for both specialist and hospital authorisation)

Q Are grand-children covered by PHMS?

A No, unless the child is placed in the custody of the principal member by a child court order.



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PHARMACY

Q What is a medicine formulary?

A A formulary is a list of safe and effective medicines, including both generic and brand name products, which are being utilised to treat certain medical conditions.

Q What is the Platinum Health formulary based on?

A Medicines on the Platinum Health formulary are based on best practice medicine, availability and quality-in-healthcare principles.

Q Who is responsible for compiling the Platinum Health formulary?

A The formulary has been developed by a team (Pharmaceutical and Therapeutic Committee) consisting of pharmacists and physicians from various medical specialities, and is evaluated on a continuous basis.

Q How often is the formulary updated?

A The formulary is updated on an ongoing basis, depending on the need to review new drugs and relevant safety information.

Q Do formularies have any restrictions?

A Most medicine formularies have associated rules to limit and restrict certain medications.

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- The following restrictions apply to the PH formulary:
 - Members who choose to use unapproved, off-formulary medicine, will pay for the medicine in full;
 - Members who choose to use original medicine for which there is a generic formulary medicine, will pay the difference between the original and the generic medicines, and
 - Certain classes of medicine are restricted due to their safety and risk profile.

Q What is generic medicine?

A Generic medicines contain the same active ingredient, have the same dosage strength, are safe and equally effective as the original medicine. Therefore it is interchangeable with an original brand name product. A generic medicine is identified by either its own brand name or its internationally approved scientific name.

Q What happens if I choose to use original, approved formulary medicine instead of a generic equivalent?

A Members who choose to use original, approved, formulary medicine instead of a generic equivalent, will pay the difference between the original and the generic. If there is no generic available, the member will pay the difference between the original and the therapeutic class reference price, where applicable.

Q What happens if I elect to utilise a non-formulary drug?

A If a member elects to utilise a non-formulary drug, the member will have to pay the full amount, except if the medicine has been clinically motivated and approved.

• **These restrictions are in place to:**

- Encourage GPs to use certain medications appropriately;
- Ensure optimal cost-efficiencies, because most generics are lower priced

- alternatives which deliver the same outcome as the original product; and
- To prevent medication overuse because some classes of medication may pose a serious health risk if not controlled, such as narcotic analgesics and hypnotics which can have detrimental long-term effects.

Q What is acute medicine?

A It is medicine used to treat non-chronic conditions which implies that it is mostly for short-term use.

Q What is chronic medication?

A It is medicine used to treat long-term and/or recurring conditions.

- Platinum Health currently covers eighty chronic conditions.

Q What is the benefit of the Over-the-counter (OTC) medicine benefit?

A Pharmacists are allowed by law to prescribe certain classes of medicine for minor and non-serious diseases eg. the flu, diarrhoea and headaches.

- The medicine that can be prescribed is restricted to schedule 0 up to schedule two medicine and is for a limited treatment period.
- Members can obtain OTC medicine from any of the in-house or designated service provider pharmacies.
- Flu vaccines can be obtained under the cover of this benefit.

Q What is the process to ensure timeous delivery of chronic medication?

A Platinum Health dispenses chronic medication from the Chronic Medication department at Platinum Pharmacy in Rustenburg. Follow these three easy steps to ensure timeous delivery of your medication:

- Register for chronic medication approval if you are a first-time Chronic Medication user by asking your GP to complete a chronic medication form. Forms are available from the Platinum Health website, Chronic Medication or Client Liaison. Refer to page 2 for contact details.
- This form must be signed by both the member and the GP, and forwarded to the Chronic Medication department, with supporting documentation and a six-month prescription. Each family member who needs chronic

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medication must have a separate application form completed.

- The completed form should be sent or faxed to the Chronic Medication department at 014 590 1752 or 086 577 0274.
- Once registered, please place follow-up medication orders at least seven working days before the current batch runs out. Orders can be placed telephonically, by email or fax, and full member and contact details must be included in all correspondence. Email orders, applications and general queries to: ZZGPlatinumHealthChronicMedication@angloamerican.com
Email motivations to:
ZZGPlatinumHealthClinicalMotivation@angloamerican.com

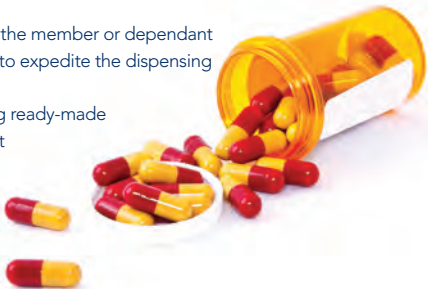
Q Does Platinum Health provide HIV treatment?

A Yes, the Platinum Health HIV programme is closely integrated and interactive with employer-driven HIV/Aids programmes. Platinum Health supports the common vision to achieve zero new HIV infections, zero people dying or getting sick from HIV/Aids and zero babies being infected with HIV. To reach these goals, a team effort by all stakeholders is needed, especially patient compliance to treatment regimes. Members who qualify for treatment in terms of recognised treatment protocols can access treatment by following the easy steps for accessing chronic medication.

Q Why is it necessary to always show my medical scheme card when collecting medicine?

A It helps to positively identify the member or dependant that requires assistance and to expedite the dispensing function.

- To reduce the risk of handing ready-made medicine parcels to incorrect members.
- To reduce the risk of fraud which will eventually contribute to an increase in medicine costs.



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MENTAL HEALTH

Q Does Platinum Health cover mental illness?

A Yes, Platinum Health covers mental illness.

Q What does it mean to have a mental illness?

A Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal. Mental illnesses can affect persons of any age, race, religion or income.

Q What is considered a serious mental illness?

A A serious mental illness could be defined as any mental illness that cause clinically significant distress or impairment in social, occupational or other important areas of functioning and can include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder. All mental disorders fall along a continuum of severity.

Q What causes mental illness?

A Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of biological, psychological, and environmental factors.

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Q Is anyone immune to mental illness?

A Mental illnesses can affect persons of any age, race, religion or income. They do not discriminate. Although mental illnesses can affect anyone, certain conditions such as eating disorders tend to occur more often in females, and other disorders such as attention deficit/hyperactivity disorder more commonly occur in children.

Q Can mental illness be prevented?

A Most mental illnesses are caused by a combination of factors and cannot be prevented.

Q Once someone has had a mental illness can they ever get better again?

A Remember, most people with mental illnesses who are diagnosed and treated, will respond well and live productive lives. Many never have the same problem again, although some will experience a return of symptoms. The important thing is that there is a range of effective treatment for just about every mental disorder.

Q How common is mental illness?

A Mental illnesses are very common; in fact, they are more common than cancer, diabetes or heart disease.



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Q What are some of the warning signs of mental illness?

A Symptoms of mental disorders vary depending on the type and severity of the condition. Some general symptoms that may suggest a mental disorder include:

• In adults:

- Confused thinking.
- Long-lasting sadness and irritability.
- Extreme highs and lows in moods.
- Excessive fear, worrying or anxiety.
- Social withdrawal.
- Abuse of drugs and/or alcohol.
- Inability to cope with daily problems and activities.
- Changes in sleeping and/or eating habits.
- Excessive complaints of physical problems.
- Defying authority, skipping school, stealing or damaging property.
- Intense fear of gaining weight.
- Long-lasting negative mood, often along with poor appetite and thoughts of death.
- Frequent outbursts of anger.

• In younger children:

- Changes in school performance.
- Poor grades despite strong efforts.
- Excessive worrying or anxiety.
- Hyperactivity.
- Persistent nightmares.
- Persistent disobedience and/or aggressive behaviour.
- Frequent temper tantrums.

Q What should I do if I know someone who appears to have all of the symptoms of a serious mental disorder?

A Although this information leaflet cannot substitute for professional advice, we encourage those with symptoms to talk to their family and family members. If you know someone who is having problems, don't just think

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that they will snap out of it. Let them know that you care about them, and there are ways this can be treated. Notify a Platinum Health mental health professional, or consult with your general practitioner. The more you or your friends realise how many people care about them, the more likely it will be that treatment will be sought.

Q What is the difference between mental health professionals?

- A Psychiatrists** – a psychiatrist is a mental health professional who has been trained first as a medical practitioner but has then gone on to receive specialised training in mental disorders, including the more serious ones such as schizophrenia and severe depression. They are trained and licensed to use biomedical approaches such as medications. Psychiatrists being physicians can arrange hospital admissions (e.g. to a psychiatric ward) and carry out physical examinations and various other types of investigative procedures such as electroencephalographs (EEGs) and brain imaging procedure scans (eg. Computer assisted tomography (CAT)).
- **Clinical Psychologists** – have studied psychology with the aim at understanding, treating and preventing mental problems and disorders. The educational path is a Bachelor Degree with emphasis on courses related to



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mental health, followed by an Honours and a Master's Degree specialising in clinical/counselling or educational psychology which usually is two years in duration – one academic year and one year internship. A Master's Degree is the minimum standard for licensing (registration) to practice as a Clinical Psychologist

- **Social workers** – the education of social workers differs significantly from that of other mental health professionals in that there is much greater emphasis on the role of social factors and interventions at the social level. Otherwise social workers receive similar education with regards to recognising and treating mental health problems. The standard for licensing can be either at the bachelor or the master level. Social workers are especially knowledgeable of what mental health services are available in the community and help empower their clients to obtain such services.

Q What treatment options are available?

A Just as there are different types of medications for physical illness, different treatment options are available for individuals with mental illness, depending on the specific illness. You can ask your mental health professional about the different treatment options available.

Q What do I need to know about medications?

A The best source of information regarding medications is the pharmacist dispensing them. He or she should be able to answer questions such as:

- What is the medication supposed to do and when should it begin to take effect?
- How is the medication taken and for how long?
- What food, drinks, other medicines, and activities should be avoided while taking this medication?
- What are the side-effects and what should be done if they occur?
- What do I do if a dose is missed?
- Is there any written information available about this medication?
- Is there other medication that might be appropriate? If so, why do you prefer the one you have chosen?

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- How do you monitor medications and what symptoms indicate that they should be raised, lowered, or changed?
- All medications should be taken as directed. Most medicine for mental illnesses does not work when taken irregularly, and extra doses can cause severe, sometimes dangerous side-effects. Many psychiatric medications begin to have a beneficial effect only after they have been taken for several weeks.

Q **If a medication is prescribed to me and I begin to feel better after taking it, is it okay to stop taking it?**

- A** It is not uncommon for people to stop taking their medication when they feel their symptoms have become controlled. Others may choose to stop their medication because of side-effects. A person may not realise that most side-effects can be effectively managed. While it may seem reasonable to stop taking the medication, the problem is that at least 50% of the time the symptoms come back. If you or your child are taking medication, it is very important that you work together with your doctor before making decisions about any changes in your treatment.
- Another problem with stopping medication, especially if you stop it abruptly, is that you may develop withdrawal symptoms that can be very unpleasant.



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If you and your doctor feel a trial off your medicine is a good idea, it is necessary to slowly decrease the dosage of medications so that these symptoms don't occur.

- It is important that your doctor and pharmacist work together to make sure your medications are working safely and effectively. You should talk with them about how you are doing and whenever there are side-effects that might make you want to stop your treatment.

Q Where can I go for help?

A Our therapists are available at your nearest Platinum Health hospital or clinic. Our main office is in Rustenburg at telephone number 014 590 1757.

- Members can make an appointment either directly or via a general practitioner and authorisation is not required to access the service.
- **Mental health professionals are available at the following sites:**

- **Rustenburg: Platinum Health Medical Centre**

Telno: 014 590 1757

- **RPM Hospital**

Telno: 014 5911141 x1098

- **Rasimone Clinic**

Telno: 014 573 1323

- **Amandelbult Hospital**

Telno: 014 784 2857

- **Union Hospital**

Telno: 014 786 0191 X143

- **Burgersfort Consulting**

Telno: 013 230 2423

- **Modikwa Clinic**

Telno: 013 214 9146

- **Mogalakwena Clinic**

Telno: 015 418 2214

- **Mokopane OHC**

Telno: 015 418 2155

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EMERGENCIES

Q What is meant by emergency conditions?

A The Medical Schemes Act defines an emergency medical condition as follows:

- “Emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s life in serious jeopardy.”

Q What do I do in case of an emergency?

A Members and dependants may go to the nearest medical facility. Platinum Health is contracted to Netcare 911, South Africa’s largest private emergency service. By dialling 082 911 from any cellular phone or landline, you have access to a national network of rapid response vehicles and ambulances.

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Q If I am on holiday or away for a weekend and need to visit a GP urgently, what do I do?

A PlatComprehensive members may make use of any GP whilst on holiday, unless there is a Platinum Health DSP nearby, in which case they are obliged to use the Platinum Health DSP. They can also use any CareCross DSP general practitioner.

- PlatCap members must make use of CareCross DSPs. The detailed DSP list is available on request from Case Management or Client Liaison (014 591 6600) or visit the Platinum Health website: www.platinumhealth.co.za.

Q If I am on holiday and I consulted a GP, where can I get my prescription filled?

A If on holiday and you need to get your prescription filled, members are advised to utilise Clicks or Dischem pharmacies. If there is no Clicks or Dischem pharmacies nearby, the member can utilise any pharmacy available.



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OVERSEAS COVER

Q Am I covered under the Platinum Health Medical Scheme while outside the borders of South Africa?

A Yes, members are covered when travelling abroad. However the medical scheme will only pay South African medical scheme rates. It is however inadequate as given the exchange rate, members will only be refunded less than 10% of the costs. It is therefore recommended that all members travelling abroad should take out medical insurance.

Q If I have a serious medical condition/accident, what is the recommendation of the scheme regarding my treatment in the other country or to be evacuated to South Africa?

A The member must cover the cost for the evacuation to the border but as soon as the member is within the South African border, PHMS will carry the costs. The Case Management department needs to be contacted in order for them to assist with the arrangements and authorisations from the border. Refer to page 2 for Case Management contact details.

Q What are the requirements regarding pre-authorisation in emergency situations outside the SA borders?

A No pre-authorisations outside the border, only procedures within the borders.

Q Would day-to-day medical expenses outside of South Africa be claimable from the scheme?

A Yes, at the South African Rand value on the specific treatment date. The member has to settle the accounts and submit the necessary invoice and statements for claims process to be followed and reimbursements to be approved and made.

CLAIMS

Q Within what period of time must my account for services or claims reach the medical scheme?

A In accordance with the Medical Schemes Act (MSA), claims must be submitted to the medical scheme within four months from the treatment date.

Q How do I know whether or not my scheme has paid and what amount has been paid in respect of a claim?

A A statement of claims paid to service providers will be emailed or mailed to members on a monthly basis. Please ensure that Platinum Health has your latest telephone number, email, residential and postal addresses. A remittance advice will be sent to the service provider on a monthly basis confirming payments made.

Q What is an ex GRATIA payment and do I have a right to such benefits?

A It is a discretionary consideration by Platinum Health Medical Scheme, which is only made if the scheme believes that an exceptional situation exists that warrants ex gratia funding. It is not a benefit that the medical scheme has to offer, nor is it guaranteed.

- The scheme reviews the ex gratia application, which should be completed by the member asking for consideration.
- Only applications with complete information can be reviewed by the committee. It is your responsibility as a member to make sure that all the needed information is on the application form, and attached to it, as this will be presented to the committee. Application forms can be downloaded from the Platinum Health website (www.platinumhealth.co.za) or kindly contact the Client Liaison Office for assistance. Refer to page 2 for contact details.
- Because ex gratia is discretionary, Platinum Health Medical Scheme may decline any application without affecting its own rights in any way.

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- The scheme's decisions are final and can't be disputed or appealed against. They are not meant to replace or supplement the existing benefits of the medical scheme

MEDICAL CLAIM

APPROVED

Q Is a provider of a healthcare service entitled to charge more than the fees determined by the medical scheme tariff?

A Yes. Healthcare providers are free to determine their own fees. Consequently, if an account is in excess of the fee determined by the rules of a medical scheme/National Health Reference Price List (NHRPL) for a particular service, the difference is for the account of the member.

Q What is a co-payment?

A A co-payment is a fee that members are required to pay for use of a specific benefit or if a benefit limit was reached covered by the scheme or for use of a non-DSP.

Q What is the medical scheme rate and how is it determined?

A The scheme used the NHRPL 2009 as a base-line on tariffs and adjusts it by Consumer Price Index (CPI) yearly.

Q What is a stale claim?

A According to the scheme rules, claims must reach the scheme within four months from the treatment date. If your claim is not received within this period, it is considered stale and the scheme will not pay for these late claims.

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**PLATINUM
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