

OPTION DESCRIPTION

OVERALL ANNUAL LIMITS		
Annual Threshold		
Hospital Benefit		
Extended Day-to-day Benefit		
Medical Savings Account		
AMBULANCE SERVICES		
Emergency transport only from Scheme's Designated Service Provider, ER24, subject to preauthorisation (member must call Discovery 911 for authorisation)		
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS		
Blood transfusions and blood products, subject to preauthorisation		
DENTISTRY		
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation		
Dentistry in-hospital		
Dentistry out-of-hospital		
GPs AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEMENT		
In-hospital		
Out-of-hospital GP visits		
Out-of-hospital trauma-related casualty visits for children when normal Day-to-day Benefits are exhausted		
Out-of-hospital specialist visits in doctors rooms or virtual consultations		
Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtual consultation		
Second-opinion consultation obtained from specialists at the Cleveland Clinic		
Out-of-network Benefit		
HIV OR AIDS		
HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related illnesses		
HOSPITALS		
HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS		
Provincial and state hospitals, subject to preauthorisation		
Private hospitals, subject to preauthorisation		
Casualty/outpatient Benefit (excluding facility fees)		
MATERNITY BENEFIT		
In-hospital, subject to preauthorisation		
Baths for use during water births		
Out-of-hospital GP and specialist consultations		
Pregnancy scans		
Blood tests		
Antenatal classes		
MEDICINE		
Prescribed Minimum Benefit Chronic Disease List conditions		
Diabetes Programme		
Additional Chronic Conditions (ADL)		
Prescribed/acute medicine		
Specialised Medicine and Technology Benefit		
Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not)		
Take-home medicine (when discharged from hospital)		

<p>This Option provides hospital cover, Prescribed Minimum Benefit Chronic Disease List cover and day-to-day medical expense benefits. It has a Designated Service Provider for in-hospital and out-of-hospital benefits, which is in the KeyCare network. Members must use a KeyCare network hospital for all non-emergency and other procedures otherwise no benefit will be allowed. Members must also use the services of GPs in the KeyCare network.</p>
OVERALL ANNUAL LIMITS
Not applicable
No overall limit at all KeyCare network hospitals
Not applicable
Not applicable
AMBULANCE SERVICES
Paid from Major Medical Benefit; no overall limit
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS
Paid from Major Medical Benefit; no overall limit
DENTISTRY
Paid from Major Medical Benefit; no overall limit
Not covered on this Option
SPECIALISED DENTISTRY
Not applicable
BASIC DENTISTRY
Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network
GPS AND SPECIALISTS
No overall limit in a network hospital. Specialists must be working in a KeyCare hospital
Unlimited, but subject to preauthorisation after the 15th visit for each beneficiary only at the member's elected GP working in the DSP network. Unscheduled emergency visits limited to three visits per person per year at member's chosen GP
Not covered on this Option
Limited to R3 570 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network)
Not covered on this Option
Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation
Four out-of-network GP visits per person per year, selected blood tests, x-rays and acute medicine (subject to a formulary) requested by the non-network GP
HIV OR AIDS
Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols
HOSPITALS
HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS
No overall limit, subject to clinical entry criteria and certain protocols
No overall limit and paid from Major Medical Benefit for treatment authorised in a KeyCare network hospital. No benefit outside of the network for planned admissions
First R300 paid by member at a casualty unit at any of the KeyCare network hospitals. Pathology, radiology, medicine and specialist consultations subject to applicable formularies
MATERNITY BENEFIT
No overall limit at a KeyCare hospital
Paid from Major Medical Benefit subject to preauthorisation and certain clinical criteria
Unlimited at GP working in the KeyCare network. Preauthorisation required after the 15th GP visit per beneficiary per year. If authorisation not obtained, no further GP benefits except those for PMBs, will be paid. Specialist consultations limited to R3 570 per beneficiary per year. Gynaecology specialist visits further limited to four visits per person per year
One 2D scan per person per pregnancy
Selected blood tests per pregnancy (must be requested by a KeyCare GP)
Not covered on this Option
MEDICINE
All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary if prescribed by the member's chosen KeyCare GP, subject to approval and the use of the Scheme's Designated Service Provider counter pharmacy. If the Designated Service Provider counter pharmacy is not used, a co-payment applies
Not covered on this Option
Not covered on this Option
Covered with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network
Not covered on this Option
Not covered on this Option
Limited to R140 per person per hospital event

LA FOCUS












<p>This Option has a Major Medical Benefit for all in-hospital and large expenses and medicine for Prescribed Minimum Benefit Chronic Disease List conditions. It also pays for some day-to-day expenses from a Medical Savings Account. We will pay hospital costs in full at any LA Focus network hospital. These are all hospitals in a Province with a coastline and specific hospitals in the remaining South African Provinces. If you do not use the services of one of the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (co-payment). All planned in-hospital procedures and other high cost treatment must be preauthorised.</p>		
OVERALL ANNUAL LIMITS		
Not applicable		
No overall limit in LA Focus Network hospitals only		
Not applicable		
Member R6 120	Spouse/adult R3 948	Child R1 800
AMBULANCE SERVICES		
Paid from Major Medical Benefit; no overall limit		
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS		
Paid from Major Medical Benefit; no overall limit		
DENTISTRY		
Paid from Major Medical Benefit; no overall limit		
IN-HOSPITAL SPECIALISED DENTISTRY		
Deductibles payable by the member from own pocket		
Hospital	Younger than 13 years	R1 730
	Older than 13 years	R4 380
Day Clinics	Younger than 13 years	R 850
	Older than 13 years	R2 880
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts (for non-Network dentists, anaesthetists, etc) subject to a limit of R19 310 per member per year.		
IN-HOSPITAL BASIC DENTISTRY		
Deductibles payable by the member from own pocket		
Hospital	Younger than 13 years	R1 730
	Older than 13 years	R4 380
Day Clinics	Younger than 13 years	R 850
	Older than 13 years	R2 880
Hospital account paid up to 100% of the LA Health Rate, from Major Medical Benefit. Basic dental services obtained from a Network Dentist, unlimited from Major Medical Benefit, subject to a list of procedures. Related, non-hospital accounts (for non-Network dentists, anaesthetists, etc) paid from Medical Savings Account.		
OUT-OF-HOSPITAL SPECIALISED DENTISTRY		
Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and paid from the Major Medical Benefit, subject to a list of procedures. All other specialised dental care paid from the Medical Savings Account.		
OUT-OF-HOSPITAL BASIC DENTISTRY		
Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the Network. One set of plastic dentures per person every four years, paid from Major Medical Benefit if obtained from a Network Dentist. If a non-Network dentist is used, paid from the Medical Savings Account.		
GPS AND SPECIALISTS		
Paid at 100% of the LA Health Rate from Major Medical Benefit. No overall limit		
Paid from Medical Savings Account		
Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables.		
Paid from Medical Savings Account		
Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria		
Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation		
Not applicable		
HIV OR AIDS		
Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIV/Care Programme protocols		
HOSPITALS		
HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS		
Paid from Major Medical Benefit; no overall limit		
Paid from Major Medical Benefit; no overall limit		
Paid from and limited to funds in Medical Savings Account		
MATERNITY BENEFIT		
Paid from Major Medical Benefit; no overall limit. Related accounts paid at 100% of the LA Health Rate		
Not covered on this Option		
Limited to funds in Medical Savings Account		
Limited to funds in Medical Savings Account (except Prescribed Minimum Benefits)		
Limited to funds in Medical Savings Account		
Limited to funds in Medical Savings Account		
MEDICINE		
All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used		
Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria		
Not covered on this Option		
Limited to funds in Medical Savings Account and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		
Not covered on this Option		
Limited to funds in Medical Savings Account up to 100% of the cost		
Limited to funds in Medical Savings Account and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		

<p>This Option has a Major Medical Benefit for all in-hospital and large expenses as well as for Prescribed Minimum Benefit Chronic Disease List cover. It also pays for some day-to-day expenses from a Medical Savings Account. Further cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned in-hospital procedures must be preauthorised.</p>		
OVERALL ANNUAL LIMITS		
Not applicable		
No overall limit		
Member	Spouse/adult	Child
R4 092	R2 856	R 816
Member	Spouse/adult	Child
R5 616	R4 056	R2 328
AMBULANCE SERVICES		
Paid from Major Medical Benefit; no overall limit		
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS		
Paid from Major Medical Benefit; no overall limit		
DENTISTRY		
Paid from Major Medical Benefit; no overall limit		
IN-HOSPITAL SPECIALISED DENTISTRY		
Deductibles payable by the member from own pocket		
Hospital	Younger than 13 years	R1 730
	Older than 13 years	R4 380
Day Clinics	Younger than 13 years	R 850
	Older than 13 years	R2 880
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit of R19 310 per person per year		
IN-HOSPITAL BASIC DENTISTRY		
Deductibles payable by the member from own pocket		
Hospital	Younger than 13 years	R1 730
	Older than 13 years	R4 380
Day Clinics	Younger than 13 years	R 850
	Older than 13 years	R2 880
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit		
OUT-OF-HOSPITAL SPECIALISED DENTISTRY		
Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit		
OUT-OF-HOSPITAL BASIC DENTISTRY		
First R3 130 per family per year paid from Major Medical Benefit. Thereafter paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit		
GPS AND SPECIALISTS		
Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit		
Paid from Medical Savings Account/Extended Day-to-day Benefit		
Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation, facility fees and consumables		
Paid from Medical Savings Account/Extended Day-to-day Benefit		
Paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted, subject to clinical criteria		
Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation		
Not applicable		
HIV OR AIDS		
Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols		
HOSPITALS		
HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS		
Paid from Major Medical Benefit; no overall limit		
Paid from Major Medical Benefit; no overall limit		
Paid from and limited to funds in Medical Savings Account		
MATERNITY BENEFIT		
Paid from Major Medical Benefit; no overall limit		
Not covered on this Option		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit		
Limited to funds in Medical Savings Account (except Prescribed Minimum Benefits)		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit		
Limited to funds in Medical Savings Account		
MEDICINE		
All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used		
Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria		
Not covered on this Option		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		
Not covered on this Option		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		

LA CORE

<p>This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit Chronic Disease List medicine as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover for specific disciplines through the Extended Day-to-day Benefit (GPS, specialists, dentists, acute medicine/radiology, pathology and optical benefits). All planned in-hospital procedures must be preauthorised.</p>		
OVERALL ANNUAL LIMITS		
Not applicable		
No overall limit		
R5 436	Spouse/adult R3 792	Child R1 464
Member	Spouse/adult R6 720	Child R3 084
AMBULANCE SERVICES		
Paid from Major Medical Benefit; no overall limit		
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS		
Paid from Major Medical Benefit; no overall limit		
DENTISTRY		
Paid from Major Medical Benefit; no overall limit		
IN-HOSPITAL SPECIALISED DENTISTRY		
Deductibles payable by the member from own pocket		
Hospital	Younger than 13 years	R1 730
	Older than 13 years	R4 380
Day Clinics	Younger than 13 years	R 850
	Older than 13 years	R2 880
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a £50 to £300 per person per year		
IN-HOSPITAL BASIC DENTISTRY		
Deductibles payable by the member from own pocket		
Hospital	Younger than 13 years	R1 730
	Older than 13 years	R4 380
Day Clinics	Younger than 13 years	R 850
	Older than 13 years	R2 880
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit		
OUT-OF-HOSPITAL SPECIALISED DENTISTRY		
Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit		
OUT-OF-HOSPITAL BASIC DENTISTRY		
Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit		
GPS AND SPECIALISTS		
Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit		
Paid from Medical Savings Account/Extended Day-to-day Benefit		
Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation, facility fees consumables		
Paid from Medical Savings Account/Extended Day-to-day Benefit		
Paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefit are depleted, subject to clinical criteria		
Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation		
Not applicable		
HIV OR AIDS		
Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols		
HOSPITALS		
HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS		
Paid from Major Medical Benefit; no overall limit		
Paid from Major Medical Benefit; no overall limit		
Paid from and limited to funds in Medical Savings Account		
MATERNITY BENEFIT		
Paid from Major Medical Benefit; no overall limit		
Not covered on this Option		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit		
Limited to funds in Medical Savings Account (except Prescribed Minimum Benefits)		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit		
Limited to funds in Medical Savings Account		
MEDICINE		
All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formal subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used		
Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PWB CDL benefits, baskets of care and clinical criteria		
Paid up to a Chronic Drug Amount. Limited to:		
M	R9 385	+1 R18 625
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		
Not covered on this Option		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost		
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and 90% of the Medicine Rate for medicine on the non-preferred medicine list		

LA COMPREHENSIVE

<p>This Option has a Major Medical Benefit for all in-hospital and large exposures. It provides cover for the Prescribed Minimum Benefit Chronic Disease List medicine, as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover through the Above Threshold Benefit, for most disciplines, subject to applicable limits. All planned in-hospital procedures must be preauthorised.</p>			
OVERALL ANNUAL LIMITS			
Member R14 124	Spouse/adult R6 624	Child R4 248	
No overall limit			
Not applicable			
Member R9 540	Spouse/adult R5 544	Child R2 412	
AMBULANCE SERVICES			
Paid from Major Medical Benefit; no overall limit			
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS			
Paid from Major Medical Benefit; no overall limit			
DENTISTRY			
Paid from Major Medical Benefit; no overall limit			
IN-HOSPITAL SPECIALISED DENTISTRY			
Deductibles payable by the member from own pocket for all specialised dentistry performed in-hospital			
Hospital	Younger than 13 years Older than 13 years	R1 730 R4 380	
Day Clinics	Younger than 13 years Older than 13 years	R 850 R2 880	
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit of R25 530 per person per year			
IN-HOSPITAL BASIC DENTISTRY			
Deductibles payable by the member from own pocket			
Hospital	Younger than 13 years Older than 13 years	R1 730 R4 380	
Day Clinics	Younger than 13 years Older than 13 years	R 850 R2 880	
Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and Above Threshold Benefit subject to joint limit of R13 190 for in- and out-of-hospital basic dentistry			
OUT-OF-HOSPITAL SPECIALISED DENTISTRY			
Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R25 530 per person per year for specialised dentistry, performed in- or out-of-hospital			
OUT-OF-HOSPITAL BASIC DENTISTRY			
Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R13 190 per person per year for basic dentistry, performed in- or out-of-hospital			
GPS AND SPECIALISTS			
Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit			
Paid from Medical Savings Account/Above Threshold Benefit			
Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once Medical Savings Account is depleted and before the Threshold is reached. Includes the cost of the emergency casualty consultation, facility fees and consumables			
Paid from Medical Savings Account/Above Threshold Benefit			
Paid from Major Medical Benefit once the Medical Savings Account is depleted and before the Threshold is reached, subject to clinical criteria			
Paid from Major Medical Benefit up to a maximum of 50% of the cost of the consultation. Subject to preauthorisation			
Not applicable			
HIV OR AIDS			
Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols			
HOSPITALS			
HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS			
Paid from Major Medical Benefit; no overall limit			
Paid from Major Medical Benefit; no overall limit			
Paid from and limited to funds in Medical Savings Account			
MATERNITY BENEFIT			
Paid from Major Medical Benefit; no overall limit			
Not covered on this Option			
Paid from Medical Savings Account/Above Threshold Benefit			
Limited to the cost of two 2D scans per pregnancy and paid from Medical Savings Account/Above Threshold Benefit			
Paid from Medical Savings Account/Above Threshold Benefit			
Limited to R1 380 per person and paid from Medical Savings Account/Above Threshold Benefit			
MEDICINE			
All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used			
Benefits for persons registered on the Chronic Illness Benefit for diabetes, who have been registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria			
Paid up to a Chronic Drug Limit and limited to:			
 R4 590	 R9 235	 R10 695	
 R12 155	 R13 170	 R14 475	
Paid at 100% of the LA Health Medicine Rate for medicine that is on the Scheme's preferred list of medicine or at 90% for medicine that is not on the preferred list from the Medical Savings Account or Above Threshold Benefit, limited to:			
 R8 590	 R10 985	 R13 240	
 R15 280	 R17 460		
Additional cover up to R228 000 on person per year, subject to clinical entry criteria and authorisation. Members pay a variable co-payment of up to 20% based on the condition and the medicine used			
Limited to funds in Medical Savings Account, paid up to 100% of the cost			
Limited to funds in Medical Savings Account/Above Threshold Benefit and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine or at 90% of the LA Health Medicine Rate for medicine on the non-preferred medicine list			

OPTION COMPARISON 2017

An overview of the LA Health Benefit Options and what they offer, to help you to decide what would suit your needs best.



Legend

	Specialist		Wheelchair
	Member		Chronic Medicine
	Ambulance		Mental Health
	Vaccination		Hospitals
	Blood		HIV/AIDS
	GP/Specialist		

OPTION DESCRIPTION

MENTAL HEALTH
Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital)
ONCOLOGY (CANCER-RELATED CARE)
The Oncology Programme, including chemo- and radiotherapy
PET scans
Brachytherapy treatment for prostate cancer (PMB) Stem cell transplants
Advanced illness Benefit for patients with end-of-life stage cancer out-of-hospital
OPTICAL
Optometry consultations
Spectacles, frames, contact lenses and refractive eye surgery
OTHER SERVICES
IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)
OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths and chiropractors)
Nurse practitioners
ORGAN TRANSPLANTS
Hospitalisation
Medicine for immuno-suppressive therapy
PATHOLOGY AND RADIOLOGY
IN-HOSPITAL MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthorisation Radiology (x-rays) and pathology subject to preauthorisation Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation
OUT-OF-HOSPITAL MRI and CT scans, subject to preauthorisation
Radiology, (including x-rays and ultrasounds) and pathology
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation
PROSTHESES
INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants
Spinal devices/prostheses
Hip, knee and shoulder prostheses
Other internal prostheses (subject to clinical protocols)
EXTERNAL MEDICAL ITEMS Oxygen rental
Crutches, wheelchairs, artificial limbs, stoma bags, etc.
PREVENTIVE CARE
Pharmacy screening benefit at a network pharmacy; blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests
Pneumococcal vaccinations
Screening Benefit for children between the ages of 2 and 18 Body Mass Index, including counselling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old
RENAL CARE
Acute and chronic dialysis
Dialysis and other renal care-related treatment and educational care
SUBSTANCE ABUSE
Alcohol and drug rehabilitation Detox: In-hospital
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
Hospice
TRAUMA RECOVERY BENEFIT
Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred
TOTAL CONTRIBUTIONS
Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level

MENTAL HEALTH
21 days per person, paid from Major Medical Benefit Psychiatrists only. Cover subject to R3 570 Specialist Benefit
ONCOLOGY (CANCER-RELATED CARE)
Chemo- and radiotherapy provided by an oncologist in the KeyCare network, paid from the Major Medical Benefit at 100% of the LA Health Rate, subject to the Prescribed Minimum Benefits protocols. If the services of a non-network Oncologist is used voluntarily, a 20% co-payment applies Only at the KeyCare Oncology Network, subject to strict protocols
Covered from Major Medical Benefit from Network Hospital Identified by the Scheme Covered from Major Medical Benefit if obtained from a state hospital or the Scheme's Designated Service Provider, subject to Prescribed Minimum Benefit requirements and clinical protocols
Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
OPTICAL
One eye test per person per year at an optometrist in the KeyCare optometry network
One pair of clear mono- or bi-focal glasses or contact lenses per person every two years at KeyCare optician
OTHER SERVICES
Paid from Major Medical Benefit
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
Not covered on this Option
ORGAN TRANSPLANTS
Not covered on this Option
Unlimited. Only at a state hospital subject to strict clinical entry criteria and preauthorisation As per the Prescribed Minimum Benefits formulary
PATHOLOGY AND RADIOLOGY
IN-HOSPITAL Covered subject to a preauthorised event and scan related to the hospital admission, only at a KeyCare network hospital Paid from Major Medical Benefit; no overall limit at a KeyCare network hospital Covered with no overall limit in a KeyCare hospital, if referred by a specialist
OUT-OF-HOSPITAL Covered by Specialist Benefit up to R3 570, if referred by specialist
Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP. Requests from specialists covered up to the R3 570 specialist limit Covered with no overall limit at a day-care facility subject to preauthorisation
PROSTHESES
INTERNAL PROSTHESES Not covered on this Option
Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation
Not covered on this Option
Paid from Major Medical Benefit subject to preauthorisation
EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, no benefit will be payable Mobility benefits: R5 200 per family from the Scheme's Designated Service Provider. If the Designated Service Provider is not used, then no benefit will be payable
PREVENTIVE CARE
R180 per person per year for one or all of the listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used Not covered on this Option
Eligible persons have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit Paid from Major Medical Benefit only if Scheme's Designated Service Provider is used. Overall limit of R65 per qualifying beneficiary for a single or basket of these tests.
RENAL CARE
Cover for chronic dialysis only. Covered at DSP National Renal Care. Co-payments will apply if the network is not used Not covered on this Option
SUBSTANCE ABUSE
21 days per person, paid from Major Medical Benefit Three days per person, paid from Major Medical Benefit
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
Unlimited, paid from Major Medical Benefit, subject to clinical entry criteria
TRAUMA RECOVERY BENEFIT
Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services <div><div><div>Member</div><div>R 6 250</div></div><div><div>1</div><div>R 9 450</div></div><div><div>3</div><div>R11 750</div></div><div><div>3+</div><div>R14 150</div></div></div> <div>External Medical Items: R26 450</div> <div>Hearing Aids R13 000</div> <div>Prescribed Medicine <div><div>Member</div><div>R12 250</div></div><div><div>1</div><div>R14 500</div></div><div><div>3</div><div>R17 150</div></div><div><div>3+</div><div>R20 850</div></div></div> <div>Prosthetic limbs (with no further access to the external medical items limit) R75 600</div> <div>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</div>
LA KEYPLUS: TOTAL CONTRIBUTIONS
<div><div>Income</div><div>Member</div><div>Adult</div><div>Child dependant</div><div>Maximum for 3 child dependants</div></div> <div><div>R0 – R7 700</div><div>R 975</div><div>R 852</div><div>R 357</div><div>R1 071</div></div> <div><div>R7 701 – R10 600</div><div>R 900</div><div>R 900</div><div>R 376</div><div>R1 128</div></div> <div><div>R10 601 +</div><div>R1 549</div><div>R1 379</div><div>R 579</div><div>R1 737</div></div>

MENTAL HEALTH
21 days per person, paid from Major Medical Benefit Limited to funds in the Medical Savings Account
ONCOLOGY (CANCER-RELATED CARE)
Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 080 will apply if the Designated Service Provider is not used Covered from benefits in the Oncology Programme No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used
Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
OPTICAL
Limited to funds in Medical Savings Account
Limited to funds in Medical Savings Account
OTHER SERVICES
Paid from Major Medical Benefit
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
ORGAN TRANSPLANTS
No overall limit and subject to preauthorisation As per Chronic Illness Benefit Chronic Drug Amount
PATHOLOGY AND RADIOLOGY
IN-HOSPITAL Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit First R2 400 of Hospital account paid from Medical Savings Account. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account
OUT-OF-HOSPITAL First R2 400 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit Paid from Medical Savings Account
Paid from Major Medical Benefit. Unlimited
PROSTHESES
INTERNAL PROSTHESES Paid from Major Medical Benefit up to R207 000 per person per year Unlimited and paid from the Major Medical Benefit if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels Only one procedure per year will be authorised Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R40 000 per prosthesis will apply if the Preferred Provider is not used Paid from Major Medical Benefit subject to preauthorisation
EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit Limited to funds in Medical Savings Account
PREVENTIVE CARE
R180 per person per year for one or all of the listed tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit Eligible persons have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit R65 per qualifying child per year for one or all of the listed screening tests, if performed at the same time. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used
RENAL CARE
No overall limit. Benefits subject to approval of treatment plan
No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used
SUBSTANCE ABUSE
21 days per person, paid from Major Medical Benefit Three days per person, paid from Major Medical Benefit
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
Unlimited, paid from Major Medical Benefit, subject to clinical entry criteria
TRAUMA RECOVERY BENEFIT
Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services <div><div><div>Member</div><div>R 6 250</div></div><div><div>1</div><div>R9 450</div></div><div><div>3</div><div>R11 750</div></div><div><div>3+</div><div>R14 150</div></div></div> <div>External Medical Items: R26 450</div> <div>Hearing Aids R13 000</div> <div>Prescribed Medicine <div><div>Member</div><div>R12 250</div></div><div><div>1</div><div>R14 500</div></div><div><div>3</div><div>R17 150</div></div><div><div>3+</div><div>R20 850</div></div></div> <div>Prosthetic limbs (with no further access to the external medical items limit) R75 600</div> <div>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</div>
LA FOCUS: TOTAL CONTRIBUTIONS
<div><div>Member</div><div>Adult</div><div>Child dependant</div><div>Maximum for 3 child dependants</div></div> <div><div>R2 039</div><div>R1 317</div><div>R 600</div><div>R1 800</div></div>

MENTAL HEALTH
21 days per person, paid from Major Medical Benefit Limited to funds in the Medical Savings Account
ONCOLOGY (CANCER-RELATED CARE)
Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 080 will apply if the Designated Service Provider is not used Covered from benefits in the Oncology Programme No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used
Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
OPTICAL
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit
OTHER SERVICES
Paid from Major Medical Benefit
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
ORGAN TRANSPLANTS
No overall limit and subject to preauthorisation As per Chronic Illness Benefit Chronic Drug Amount
PATHOLOGY AND RADIOLOGY
IN-HOSPITAL Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit First R2 400 of Hospital account paid from Medical Savings. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account/Extended Day-to-day Benefit
OUT-OF-HOSPITAL First R2 400 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit Paid from Medical Savings Account/Extended Day-to-day Benefit
Paid from Major Medical Benefit. Unlimited
PROSTHESES
INTERNAL PROSTHESES Paid from Major Medical Benefit up to R207 000 per person per year Unlimited and paid from the Major Medical Benefit, if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels Only one procedure per year will be authorised Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R40 000 per prosthesis will apply if the Preferred Provider is not used Paid from Major Medical Benefit subject to preauthorisation
EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit Limited to funds in Medical Savings Account
PREVENTIVE CARE
R180 per person per year for one or all of the listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit Eligible persons have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit R65 per qualifying child per year for one or all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used
RENAL CARE
No overall limit. Benefits subject to approval of treatment plan
No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used
SUBSTANCE ABUSE
21 days per person, paid from Major Medical Benefit Three days per person, paid from Major Medical Benefit
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
Unlimited, paid from Major Medical Benefit, subject to clinical entry criteria
TRAUMA RECOVERY BENEFIT
Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services <div><div><div>Member</div><div>R 6 250</div></div><div><div>1</div><div>R 9 450</div></div><div><div>3</div><div>R11 750</div></div><div><div>3+</div><div>R14 150</div></div></div> <div>External Medical Items: R26 450</div> <div>Hearing Aids R13 000</div> <div>Prescribed Medicine <div><div>Member</div><div>R12 250</div></div><div><div>1</div><div>R14 500</div></div><div><div>3</div><div>R17 150</div></div><div><div>3+</div><div>R20 850</div></div></div> <div>Prosthetic limbs (with no further access to the external medical items limit) R75 600</div> <div>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</div>
LA ACTIVE: TOTAL CONTRIBUTIONS
<div><div>Member</div><div>Adult</div><div>Child dependant</div><div>Maximum for 3 child dependants</div></div> <div><div>R2 440</div><div>R1 640</div><div>R 809</div><div>R2 427</div></div>

MENTAL HEALTH
21 days per person, paid from Major Medical Benefit Limited to funds in the Medical Savings Account
ONCOLOGY (CANCER-RELATED CARE)
Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 080 will apply if the Designated Service Provider is not used Covered from benefits in the Oncology Programme No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used
Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
OPTICAL
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit
Limited to funds in Medical Savings Account/Extended Day-to-day Benefit
OTHER SERVICES
Paid from Major Medical Benefit
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
Limited to funds in the Medical Savings Account
ORGAN TRANSPLANTS
No overall limit and subject to preauthorisation As per Chronic Illness Benefit Chronic Drug Amount
PATHOLOGY AND RADIOLOGY
IN-HOSPITAL Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit
OUT-OF-HOSPITAL Paid from Major Medical Benefit; no overall limit Paid from Medical Savings Account/Extended Day-to-day Benefit
Paid from Major Medical Benefit; no overall limit
PROSTHESES
INTERNAL PROSTHESES Paid from Major Medical Benefit up to R207 000 per person per year Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels Only one procedure per year will be authorised Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R40 000 per prosthesis will apply if the Preferred Provider is not used Paid from Major Medical Benefit subject to preauthorisation
EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit Limited to funds in Medical Savings Account
PREVENTIVE CARE
R180 per person per year for one or all of the listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account/ Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit Eligible persons have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit R65 per qualifying child per year for one or all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used
RENAL CARE
No overall limit. Benefits subject to approval of treatment plan
No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used
SUBSTANCE ABUSE
21 days per person, paid from Major Medical Benefit Three days per person, paid from Major Medical Benefit
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
Unlimited, paid from Major Medical Benefit, subject to clinical entry criteria
TRAUMA RECOVERY BENEFIT
Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services <div><div><div>Member</div><div>R15 650</div></div><div><div>1</div><div>R21 200</div></div><div><div>3</div><div>R25 900</div></div><div><div>3+</div><div>R30 000</div></div></div> <div>External Medical Items: R39 400</div> <div>Hearing Aids R18 300</div> <div>Prescribed Medicine <div><div>Member</div><div>R17 200</div></div><div><div>1</div><div>R20 850</div></div><div><div>3</div><div>R25 150</div></div><div><div>3+</div><div>R27 450</div></div></div> <div>Prosthetic limbs (with no further access to the external medical items limit) R75 600</div> <div>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</div>
LA CORE: TOTAL CONTRIBUTIONS
<div><div>Member</div><div>Adult</div><div>Child dependant</div><div>Maximum for 3 child dependants</div></div> <div><div>R4 438</div><div>R4 007</div><div>R1 326</div><div>R3 978</div></div>

MENTAL HEALTH
21 days per person, paid from Major Medical Benefit Paid from Medical Savings Account/Above Threshold Benefit. Limited to R16 500 per family per year with a sub-limit of R5 500 per person for alcohol and drug rehabilitation
ONCOLOGY (CANCER-RELATED CARE)
Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 080 will apply if the Designated Service Provider is not used Covered from benefits in the Oncology Programme No overall limit at the Designated Service Provider, subject to registration on the Oncology Programme. Limited to R1 million, if Designated Service Provider is not used
Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor
OPTICAL
Limited to funds in Medical Savings Account/Above Threshold Benefit
Paid from Medical Savings Account/Above Threshold Benefit up to a limit of R3 920 per person
OTHER SERVICES
Paid from Major Medical Benefit
Limited to funds in the Medical Savings Account or Above Threshold Benefit
Limited to funds in the Medical Savings Account or Above Threshold Benefit
Paid up to a limit of R9 620 per family from Medical Savings Account or Above Threshold Benefit
ORGAN TRANSPLANTS
No overall limit and subject to preauthorisation As per Chronic Illness Benefit Chronic Drug Amount
PATHOLOGY AND RADIOLOGY
IN-HOSPITAL Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit Paid from Major Medical Benefit; no overall limit
OUT-OF-HOSPITAL Paid from Major Medical Benefit; no overall limit Paid from Medical Savings Account/Above Threshold Benefit
Paid from Major Medical Benefit; no overall limit
PROSTHESES
INTERNAL PROSTHESES Paid from Major Medical Benefit up to R207 000 per person per year Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels Only one procedure per year will be authorised Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R40 000 per prosthesis will apply if the Preferred Provider is not used Paid from Major Medical Benefit subject to preauthorisation
EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit Limited to R25 050 per family with a sub-limit of R16 750 per family for hearing aids. Paid from Medical Savings Account/Above Threshold Benefit
PREVENTIVE CARE
R180 per person per year for one or all of the listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid from Medical Savings Account/ Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit Eligible persons have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit R65 per qualifying child per year for one or all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used
RENAL CARE
No overall limit. Benefits subject to approval of treatment plan
No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used
SUBSTANCE ABUSE
21 days per person, paid from Major Medical Benefit Three days per person, paid from Major Medical Benefit
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
Unlimited, paid from Major Medical Benefit, subject to clinical entry criteria
TRAUMA RECOVERY BENEFIT
Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services <div><div><div>Member</div><div>R15 650</div></div><div><div>1</div><div>R21 200</div></div><div><div>3</div><div>R25 900</div></div><div><div>3+</div><div>R30 000</div></div></div> <div>External Medical Items: R39 400</div> <div>Hearing Aids R18 300</div> <div>Prescribed Medicine <div><div>Member</div><div>R17 200</div></div><div><div>1</div><div>R20 850</div></div><div><div>3</div><div>R25 150</div></div><div><div>3+</div><div>R27 450</div></div></div> <div>Prosthetic limbs (with no further access to the external medical items limit) R75 600</div> <div>Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria</div>
LA COMPREHENSIVE: TOTAL CONTRIBUTIONS
<div><div>Member</div><div>Adult</div><div>Child dependant</div><div>Maximum for 3 child dependants</div></div> <div><div>R5 946</div><div>R4 541</div><div>R1 441</div><div>R4 323</div></div>



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To help you understand the
table better, please have a look
at the following:

Major Medical Benefit
This covers all your medical expenses when you are admitted to hospital and also certain out-of-hospital procedures, subject to preauthorisation.

Extended Day-to-day Benefit
This is an annual amount LA Health makes available to members on the LA Core and LA Active Options for limited day-to-day medical expenses and includes cover for doctor and specialists visits, acute medicine, dentistry, optical, radiology and pathology claims.

Medical Savings Account
Most out-of-hospital expenses are paid from this benefit. These funds can be carried over from one year to the next if it remains unspent at the end of the year.

Above Threshold Benefit
If you are on the LA Comprehensive Option, you have access to this benefit once the Medical Savings Account is exhausted and after the Annual Threshold is reached, subject to applicable limits. The Annual Threshold Benefit will pay for day-to-day expenses.

LA Health Rate is the rate of reimbursement
used, based on the Discovery Health Rate, or a specific rate negotiated with the healthcare professional. If your doctor charges more than this rate, the claim will be paid to you, otherwise we will pay the doctor directly. All claims are paid up to 100% of the LA Health Rate, unless a different rate is specifically indicated.

Treatment and care for Prescribed Minimum Benefit conditions
Certain specialists and GPS have agreed to preferential rates for PMBs. If these providers Preferred or Designated Providers are used, claims will be paid in full. If other providers are used, claims will be paid up to the LA Health Rate only.

Please note:
For ease of reference, we have listed the different benefit categories in alphabetical order in the table.