



# BENEFIT OPTION

## 2017



### REASONS WHY THE LA KEYPLUS OPTION IS THE BEST CHOICE FOR YOU

This LA KeyPlus 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 the KeyCare network. Members must use a KeyCare network hospital for all non-emergency and other procedures otherwise no benefit will be allowed. When members use the services of GPs in the LA KeyPlus GP Network, they have full cover.

#### 1 You're covered in an emergency

LA KeyPlus covers you for emergency transport through ER24, when you need it. We pay for this service from the Major Medical Benefit and there is no overall limit. Call Discovery 911 for authorisation.

#### 2 Cover for GPs and specialists in- and out-of-hospital

When you're admitted to a hospital in the KeyPlus Network, no overall limit applies. We pay up to 100% of the Direct Payment Arrangement Rate for specialists at a KeyCare hospital who have agreed to these rates. We pay up to 100% of the Scheme Rate for all other specialists working in a hospital in the KeyPlus Network.

Out-of-hospital GP visits and selected small procedures are unlimited at your chosen GP working in the Designated Service Provider Network, but you have to get authorisation if you need to go to the GP more than 15 times in a year. For unscheduled emergency visits we pay for three visits per person per year at your chosen GP. You have cover of R3 570 per person for out-of-hospital specialist visits, including radiology and pathology done in the KeyCare network, if you are referred by your chosen KeyCare GP.

The Out-of-network Benefit pays for four GP visits per person per year, and selected blood tests, X-rays and acute formulary medicine requested by the non-network GP.

#### 3 We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at provincial and state hospitals have no overall limit, as long as certain clinical entry criteria and protocols are met.

At private hospitals, planned, authorised admissions for treatment in a KeyCare Network hospital are paid from the Major Medical Benefit.

In an emergency, the Casualty Outpatient Benefit covers you for pathology, radiology, medicine and specialist consultations (subject to applicable formularies) at a casualty unit at any of the KeyCare Network Hospitals. You pay the first R300.

#### 4 Get your chronic medicine from specific pharmacies and we will pay for everything

You are covered for all Prescribed Minimum Benefit Chronic Disease List conditions based on a formulary if your chosen KeyCare GP prescribes it and you obtain the medicine from the Scheme's Designated Service Provider courier pharmacy. You also have cover with no overall limit for prescribed acute medicine obtained from the Designated Service Provider. When you are discharged from hospital after an admission, we pay for take-home medicine up to R140 per person per event. The Scheme pays for the completion of the *Chronic Illness Benefit application* form by your treating doctor, if the condition is approved.

#### 5 We pay for certain screening tests or a flu vaccine

You have cover for a Screening Check (to check your blood glucose, blood pressure, cholesterol and body mass index) or a flu vaccination at one of the Scheme's contracted providers or a network pharmacy. We also pay for one specific pneumococcal vaccination per lifetime for qualifying members.

## SCHEDULE OF BENEFITS



### AMBULANCE SERVICES (MUST CALL DISCOVERY 911 FOR AUTHORISATION)

Emergency transport only from Scheme's Designated Service Provider, ER24, subject to preauthorisation

Paid from Major Medical Benefit; no overall limit



### BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Blood transfusions and blood products, subject to preauthorisation

Paid from Major Medical Benefit; no overall limit



### 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

Paid from Major Medical Benefit; no overall limit

Basic dentistry out-of-hospital

Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network



### GPS AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEMENT

#### In-hospital

No overall limit in a network hospital. Specialists must be working in a KeyCare hospital

Out-of-hospital GP visits

Covered with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary, authorisation is required for those additional visits. Only at the member's chosen GP working in the KeyCare network. Unscheduled, emergency visits, limited to three visits per person per year at member's chosen GP

Out-of-network Benefit

Four out-of-network GP visit per person per year, selected blood tests, X-rays and acute medicine (subject to a formulary) requested by the non-network GP

Out-of-hospital specialist visits

Limited to R3 570 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network)

Second opinion from specialists at the Cleveland Clinic

Limited to 50% of the cost, subject to preauthorisation. Only for consultations being obtained from specialists at the Cleveland Clinic



### HIV OR AIDS

HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related illnesses

Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols



### HOSPITALS (ALL PLANNED PROCEDURES MUST BE PREAUTHORISED)

#### Hospitalisation, theatre fees, intensive and high-care unit

Provincial and state hospitals, subject to preauthorisation

No overall limit, subject to clinical entry criteria and certain protocols

Private hospitals, subject to preauthorisation

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

Operations and procedures only covered in Day-Care Facilities

Specific operations and procedures are only covered in day-care facilities, subject to preauthorisation

Casualty/outpatient Benefit (excluding facility fees)

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

#### Hospitalisation, theatre fees, intensive and high-care unit costs

In-hospital, subject to preauthorisation

No overall limit at a KeyCare hospital

Baths for use during water births

Subject to preauthorisation and clinical entry criteria and protocols

Out-of-hospital GP and specialist consultations

Unlimited at GP working in the KeyCare network. Limited to four gynaecology specialist or midwife visits per person per year, subject to the R3 570 Specialist Benefit limit

Pregnancy scans

One 2D scan per person per pregnancy

Blood tests

Selected blood tests per pregnancy (must be requested by a KeyCare GP)



## MEDICINE

Prescribed Minimum Benefit Chronic Disease List conditions (PMB CDL)	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 courier pharmacy. If the Designated Service Provider courier pharmacy is not used, a co-payment applies
Prescribed/acute medicine	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
Take-home medicine (when discharged from hospital)	Limited to R140 per person per hospital event



## MENTAL HEALTH

Psychiatric hospitals, subject to preauthorisation and case management (in-hospital)	21 days per person, paid from Major Medical Benefit
Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital)	Psychiatrists only. Cover subject to R3 570 Specialist Benefit



## ONCOLOGY (CANCER-RELATED CARE)

The Oncology Programme, including chemo- and radiotherapy	Chemo- and radiotherapy only covered if provided by an oncologist in the KeyCare network, subject to the Prescribed Minimum Benefits protocols. Paid from Major Medical Benefit. If a non-network provider is used voluntarily, a 20% co-payment will be applied
PET scans	Only at the KeyCare Oncology Network, subject to strict protocols
Brachytherapy treatment for prostate cancer (PMB)	Covered from Major Medical Benefit from Network Hospital identified by the Scheme, subject to preauthorisation
Stem cell transplants	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
The Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital	Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Programme by the treating doctor



## OPTICAL

Optometry consultations	One eye test per person per year at an optometrist in the KeyCare optometry network
Spectacles, frames, contact lenses and refractive eye surgery	One pair of clear mono- or bi-focal glasses or contact lenses per person every two years at KeyCare optician



## ORGAN TRANSPLANTS

Hospitalisation	Unlimited. Only at a state hospital subject to strict clinical entry criteria and preauthorisation
Medicine for immuno-suppressive therapy	As per the Prescribed Minimum Benefits formulary



## OTHER SERVICES

<b>In-hospital</b>	
Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit



## PATHOLOGY AND RADIOLOGY

<b>In-hospital</b>	
MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthorisation	Covered subject to a preauthorised event and scan related to the hospital admission only at KeyCare hospital
Radiology (X-rays) and pathology subject to preauthorisation	Paid from Major Medical Benefit; no overall limit at a KeyCare network hospital
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation	Covered with no overall limit in a KeyCare hospital, if referred by a specialist
<b>Out-of-hospital</b>	
MRI and CT scans, subject to preauthorisation	Covered by Specialist Benefit up to R3 570, if referred by specialist
Radiology, (including X-rays and ultrasounds) and pathology	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
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation	Covered with no overall limit at a day-care facility subject to preauthorisation



## PROSTHESES

### Internal prostheses

Spinal devices	Covered in full at the Scheme's Network Provider. Subject to preauthorisation
Other internal prostheses (subject to clinical protocols)	Paid from Major Medical Benefit subject to preauthorisation

### External medical items

Oxygen rental	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, no benefit will be payable
Crutches, wheelchairs, artificial limbs, stoma bags, etc.	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

Pharmacy screening benefit at a network pharmacy: Blood glucose, blood pressure, cholesterol and body mass index (BMI) or One flu vaccination	Overall limit of R180 per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit only if one of the Scheme's Designated Service Providers is used
Pneumococcal vaccination	Eligible members have access to one specific approved pneumococcal vaccine per lifetime
Screening benefit for children between the ages of two and 18: Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old	Overall limit of R65 per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit only if one of the Scheme's Designated Service Providers is used



## RENAL CARE

Dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	Cover for chronic dialysis only. Covered at DSP, National Renal Care. Co-payments will apply if the network is not used
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## SUBSTANCE ABUSE

Alcohol and drug rehabilitation	21 days per person, paid from Major Medical Benefit
Detox: In hospital	Three days per person, paid from Major Medical Benefit



## TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

Hospice	Unlimited, paid from Major Medical Benefit, subject to clinical entry criteria
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## TRAUMA RECOVERY BENEFIT

Covers 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

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:

<b>Allied and therapeutic healthcare services</b>	<b>M</b>	R 6 250	<b>+1</b>	R 9 450	<b>+2</b>	R 11 750	<b>+3+</b>	R 14 150
<b>External medical items</b>		R 26 450						
<b>Hearing Aids</b>		R 13 000						
<b>Prescribed Medicine</b>		R 12 250	<b>+1</b>	R 14 500	<b>+2</b>	R 17 150	<b>+3+</b>	R 20 850
<b>Prosthetic limbs</b> (with no further access to the external medical items limit)		R 75 600						



## KEYPLUS CONTRIBUTIONS

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 871.00

Income Category	R0 - R7 700	R7 701 - R10 600	R10 601+
	R 390	R 412	R 620
	R 731	R 772	R1 172
	R 874	R 923	R1 403
	R1 017	R1 073	R1 635
	R1 160	R1 224	R1 866
	R 533	R 563	R 852
	R 676	R 713	R1 083
	R 819	R 864	R1 315



## KEYPLUS – 2017 Total contributions

Income Category	R0 - R7 700	R7 701 - R10 600	R10 601+
	R 975	R1 030	R1 549
	R 852	R 900	R1 379
	R 357	R 376	R 579
	R1 071	R1 128	R1 737

### WHAT WE DO NOT COVER ON LA KEYPLUS

There are conditions and treatments that are not covered by the Scheme.

**NOTE that, in some cases, you might be covered for these conditions if they are part of Prescribed Minimum Benefits.**

**Please contact us if you have one of the conditions, so we can let you know if there is any cover.**

Below are some of the conditions and treatments that we specifically do not cover for LA KeyPlus members.

- **In-hospital management of:**
  - Dentistry
  - Skin disorders
  - Conservative back treatment
  - Obesity
  - Diagnostic work-up and investigative procedures
  - Sexual dysfunction
  - Incontinence
  - Hearing disorders
  - Functional and nasal surgery
- Refractive eye surgery
- Brachytherapy for prostate cancer
- Surgery for oesophageal reflux, hiatus hernia repair and nissen funduplication
- Spinal surgery for back and neck
- Cochlear implants, auditory brain implants and internal nerve stimulators (procedures, devices and processors)
- All joint replacements, including hip and knee replacements
- Non-cancerous breast conditions
- Any claim incurred outside of the South African borders
- Elective caesarian section
- Arthroscopies
- Bunionectomy
- Removal of varicose veins



# YOU CAN ENJOY THE BEST OF CARE DURING YOUR PREGNANCY

- **Full hospital cover** at a KeyCare hospital
- **Cover for water baths** - subject to preauthorisation and certain limits
- **No overall limit for GP consultations** in the KeyCare network (more than 15 visits require preauthorisation)
- **Cover for four specialist (gynaecologist) visits** during your pregnancy
- **One 2D scan** per person per pregnancy
- **Cover for selected blood tests** if requested by chosen KeyCare GP

This is a summary of the LA KeyPlus benefits and features, submitted to the Registrar of Medical Schemes.  
If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

● **Client Services 0860 103 933** ● **Fax 011 539 7276** ● **www.lahealth.co.za** ● **service@discovery.co.za** ●

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