VERALL ANNUAL LIMITS

Extended Day-to-day Benefi

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

ancer-related and certain trauma-related surgery, cleft-lip and palate repairs,

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

Out-of-hospital trauma-related casualty visits for children when normal Day-to-day Benefits are exhausted

/irtual paediatrician consultations for children aged 14 years and younger from a

etwork paediatrician consulted in the six months before the virtual consultation

econd-opinion consultation obtained from specialists at the Cleveland Clinic

Out-of-hospital specialist visits in doctors rooms or virtual consultations

-IIV prophylaxis (rape or mother-to-child transmission) and all HIV or NDS-related consultations

Vound care, end-of-life care, IV infusions and postnatal care

OSPITALS OR SERVICES INSTEAD OF HOSPITALISATION

rovincial and state hospitals, subject to preauthorisation

rivate hospitals, subject to preauthorisation

nospital, subject to preauthorisation

Out-of-hospital GP and specialist consultation

RNITY BENEFIT

Baths for use during water births

Blood tests

defined list of conditions

Diabetes Programme

dditional Chronic Conditions (ADL)

pecialised Medicine and Technology Benefit

ake-home medicine (when discharged from hospital)

Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether

Subject to Prescribed Minimum Benefits)

Prescribed/acute medicine

rescribed or not)

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

asualty/outpatient Benefit (excluding facility fees)

HOME-BASED CARE

Medical Savings Account

subject to preauthorisation

Dentistry in-hospital

Dentistry out-of-hospital

Out-of-network Benefit

HIV OR AIDS

lospital Benefit

ot applicable

o overall limit at all KeyCare network hospitals Not applicable

lot applicable

LOOD TRANSFUSIONS AND BLOOD PRODUCTS

scribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

scribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

Not covered on this Option

SPECIALISED DENTISTRY

BASIC DENTISTRY

overed with no overall benefit limit, subject to a list of procedures and performed by a entist in the KevCare network

lot covered on this Option

overall limit in a network hospital. Specialists must be working in a KeyCare hospita nlimited, but subject to preauthorisation after the 15th visit for each beneficiary only at the nember's elected GP working in the DSP network. Unscheduled emergency visits limited three visits per person per year at member's chosen GP

imited to R3 860 per person, only if referred by the chosen KeyCare GP ncluding radiology and pathology done in KeyCare network)

lot covered on this Option

aid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

our 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. Subject to authorisation by members' chosen network GP and a R325 co-payment. benefit if not authorised

rescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject o clinical entry criteria. and certain HIV*Care* Programme protocols. If a Designated Service

vider is not used,a 20% co-payment will apply

aid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to

uthorisation, clinical criteria and management by the Scheme's Designated Service

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

lo overall limit, subject to clinical entry criteria and certain protocols o overall limit and paid from Major Medical Benefit for treatment authorised in a KeyCare

overall limit at a KeyCare hospital

aid from Major Medical Benefit subject to preauthorisation and certain clinical criteria Inlimited at GP working in the KeyCare network. Preauthorisation required after he 15th GP visit per beneficiary per year. If authorisation not obtained, no further GP enefits except those for PMBs, will be paid. Specialist consultations limited to R3 860 er beneficiary per year. Gynaecology specialist visits further limited to four visits

Selected blood tests per pregnancy (must be requested by a KeyCare GP) lot covered on this Option

II Prescribed Minimum Benefits Chronic Disease List conditions covered based n a formulary if prescribed by the member's chosen KeyCare GP, subject to approval and e use of the Scheme's Designated Service Provider courier pharmacy. If the Designated rvice Provider courier 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 or acute and non-Prescribed Minimum Benefits chronic conditions, subject a formulary and only covered if prescribed by the member's chosen GP working

Not covered on this Option

Not covered on this Option

imited to R150 per person per hospital event



This Option has a Major Medical Benefit for all in-hospital and large expenses and nedicine for Prescribed Minimum Benefit Chronic Disease List conditions. It also pays or some day-to-day expenses from a Medical Savings Account. We will pay hospital osts in full at any LA Focus network hospital. These are all hospitals in a Province with a pastline and specific hospitals in the remaining South African Provinces. If you do not use e services of one of the network hospitals for planned procedures, you will have to pay a rtion of the costs from your own pocket (co-payment). All planned in-hospital procedures

OVERALL ANNUAL LIMITS o overall limit in LA Focus Network hospitals only ot applicable

LOOD TRANSFUSIONS AND BLOOD PRODUCTS

N-HOSPITAL SPECIALISED DENTISTRY he member from own poo Younger than 13 years Older than 13 years R4 640 Younger than 13 years R 900 Older than 13 years R3 050 Day Clinics

ospital and related accounts paid from Major Medical Benefit, up to 100% of the A Health Rate. Basic dental services that form part of the specialised treatment, obtained on a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital counts (for non-Network dentists, anaeasthetists, etc) subject to a limit of R20 470 per

N-HOSPITAL BASIC DENTISTRY able by the member from own pocket Younger than 13 years R1 830 Older than 13 years R4 640

Day Clinics Younger than 13 years R 900 asic dental services obtained from a Network Dentist, unlimited from Major Medical enefit, subject to a list of procedures. Related, non-hospital accounts (for non-Network ntists, anaesthetists, etc) paid from Medical Savings Account.

OUT-OF-HOSPITAL SPECIALISED DENTISTRY

Assic services provided by a Network Dentist, included as part of the specialised dental are, unlimited and paid from the Major Medical Benefit, subject to a list of procedures. All ther specialised dental care paid from the Medical Savings Account

OUT-OF-HOSPITAL BASIC DENTISTRY nlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed

y a dentist in the Network. One set of plastic dentures per person every four years, paid om Major Medical Benefit if obtained from a Network Dentist. If a non-Network dentist is

GPs AND SPECIALISTS

aid from Medical Savings Account

vo trauma-related casualty visits for children aged 10 and under, paid from Major Medical enefit once the Medical Savings Account has been depleted. Includes cost of the nergency casualty consultation, facility fees and consumables

Paid from Medical Savings Account

aid from Major Medical Benefit once the Medical Savings Account is depleted, ubject to clinical criteria

aid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation Not applicable

I from and limited to funds in Medical Savings Account

HIV OR AIDS escribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject clinical entry criteria and certain HIVCare Programme protocols. If a Designated Service

HOME-BASED CARE

nical criteria and management by the Scheme's Designated Service Providers

HOSPITALS

OSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

Major Medical Benefit; no overall limit. Related accounts paid at 100%

aid from Maior Medical Benefit: no overall limit

aid from Major Medical Benefit; no overall limi

MATERNITY BENEFIT

the LA Health Rate ot covered on this Option

imited to funds in Medical Savings Accoun

mited to funds in Medical Savings Account ed to funds in Medical Savings Accoun

a formulary and subject to approval. The Scheme only pays up to a Chronic Drug ount if non-formulary medicine is used. If you use more than one medicine that ha ilar chemical structures or therapeutic effects, we will pay up to the monthly CDA, hether they are on the medicine list or not.

enefits for persons registered on the Chronic Illness Benefit for diabetes, registered by e Scheme's Designated Service Provider for GP related services. These benefits are paid om the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of are and clinical criteria ot covered on this Option

mited to funds in Medical Savings Account and paid at 100% of the LA Health Medicine ate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for edicine on the non-preferred medicine list

ot covered on this Option

mited to funds in Medical Savings Account up to 100% of the cost

imited to funds in Medical Savings Account and paid at 100% of the LA Health Medicine ate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for edicine on the non-preferred medicine list



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 by ded through the Extended Day-to-day Benefit (GPS, specialists, dentists, acute nedicine, radiology, pathology and optical benefits). All planned in-hospital procedures

must be preauthorised.

OVERALL ANNUAL LIMITS Not applicable R4 344

aid from Major Medical Benefit; no overall limit

LOOD TRANSFUSIONS AND BLOOD PRODUCTS

cribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

scribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

IN-HOSPITAL SPECIALISED DENTISTRY es payable by the member from own pocket Younger than 13 years Hospital Older than 13 years R4 640

Hospital and related accounts paid from Major Medical Benefit, up to 100% of the A Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit R20 470 per person per year

IN-HOSPITAL BASIC DENTISTRY leductibles payable by the member from own pocket valueductibles payable by the member from own pocket valued the spital value of the member from own pocket valued the value of the member from own pocket valued the value of th Hospital

Younger than 13 years R 900 Older than 13 years R3 050 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 id from and limited to funds in Medical Savings Account and Extended Day-to-day

OUT-OF-HOSPITAL BASIC DENTISTRY

First R3 320 per family per year paid from Major Medical Benefit. Thereafter paid from nd limited to funds in Medical Savings Account and Extended Day-to-day Benefit

GPs AND SPECIALISTS

d 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

o 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

Paid from Medical Savings Account/Extended Dav-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

aid from and limited to funds in Medical Savings Account

HIV OR AIDS

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject o clinical entry criteria and certain HIV*Care* Programme protocols. If a Designated Service vider is not used, a 20%, co-payment will apply

aid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS Paid from Maior Medical Benefit: no overall limi Paid from Major Medical Benefit; no overall limit

ATERNITY BENEFIT

aid from Major Medical Benefit; no overall limit

Not covered on this Option

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

imited to funds in Medical Savings Account/Extended Day-to-day Benefit nited to funds in Medical Savings Account

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 non-formulary medicine is used. If you use more than one medicine that has similar emical structures or therapeutic effects, we will pay up to the monthly CDA, whether hey are on the medicine list or not.

enemis for persons registered on the Chronic miless behelful for diabetes, registered by he Scheme's Designated Service Provider for GP related services. These benefits are paid om the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria Not covered on this Option

lenefits for persons registered on the Chronic Illness Benefit for diabetes, registered by

imited 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

imited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of

imited 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



This Option has a Major Medical Benefit for all in-hospital and large expense This option has a wajor wireulca berieful to an inhospital and tage experiess. 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 nedicine radiology, pathology and optical benefits). All planned in-hospital procedures

nust be preauthorised.

Not applicable			
No overall limit			
Member	Spouse/adult	Child (max 3)	
R5 772	R4 020	R1 560	
Member	Spouse/adult	Child (max 3)	
R8 064	R7 056	R3 240	

Paid from Major Medical Benefit; no overall limit

OOD TRANSFUSIONS AND BLOOD PRODUCTS

scribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

rescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

IN-HOSPITAL SPECIALISED DENTISTRY es payable by the member from own pocket Younger than 13 years R1 830 Hospital

Hospital and related accounts paid from Major Medical Benefit, up to 100% of the A Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit

Older than 13 years R4 640

of R27 060 per person per year IN-HOSPITAL BASIC DENTISTRY

Deductibles payable by the member from own pocket Younger than 13 years R1 830 Older than 13 years R4 640 Hospital Day Clinics Younger than 13 years R 900
Older than 13 years R3 050
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 aid from and limited to funds in Medical Savings Account and Extended Day-to-day

OUT-OF-HOSPITAL BASIC DENTISTRY Paid from and limited to funds in Medical Savings Account and Extended Day-to-day

aid 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

wo 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

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 criteri Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation Subject to preauthor

Paid from and limited to funds in Medical Savings Account

rovider is not used, a 20% co-payment will apply.

Not applicable

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject o clinical entry criteria and certain HIV*Care* Programme protocols. If a Designated Service

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation,

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS Paid from Major Medical Benefit: no overall limi

imited to funds in Medical Savings Account

Paid from Major Medical Benefit; no overall limit

aid 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/Extended Day-to-day Benefit

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 nonormulary medicine is used. If you use more than one medicine that has similar chemical tructures or therapeutic effects, we will pay up to the monthly CDA, whether they are on

he medicine list or not. Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by beliefing to person registered on the officer of the Scheme's Design and officer of the Scheme's Designated Service Provider for GP related services. These benefits are pairor the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of

M R9 950 (+1) R19 745

Paid up to a Chronic Drug Amount. Limited to:

nited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 0% 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

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

COMPREHENSIVE

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 through the Above Threshold Benefit, for nost disciplines, subject to applicable limits. All planned in-hospital procedures must be

OVERALL ANNUAL LIMITS Child (max 3) R4 500 R10 200 R14 976 No overall limit Not applicable

LOOD TRANSFUSIONS AND BLOOD PRODUCTS

IN-HOSPITAL SPECIALISED DENTISTRY by the member from own pocket for all specialised dentistry

Younger than 13 years R1 830 Hospital Older than 13 years R4 640 Younger than 13 years R 900 Day Clinics Older than 13 years

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 R27 060 per person per year IN-HOSPITAL BASIC DENTISTRY

Older than 13 years Younger than 13 years Older than 13 years Day Clinics 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

Younger than 13 years R1 830

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 R27 060 per person per year for specialised dentistry, performed

13 980 for in- and out-of-hospital basic dentistry

OUT-OF-HOSPITAL BASIC DENTISTRY laid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R13 980 per person per year for basic dentistry, performed in- or out-of-hospital

GPs AND SPECIALISTS

Hospital

aid from Medical Savings Account/Above Threshold Benefit

wo trauma-related casualty visits for children aged 10 and under, paid from Major Medical enefit once Medical Savings Account is depleted and before the Threshold is reached. ncludes the cost of the emergency casualty consultation, facility fees and consumables

Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

Paid from Medical Savings Account/Above Threshold Benefit Paid from Major Medical Benefit once the Medical Savings Account is depleted and before

Not applicable

he Threshold is reached, subject to clinical criteria

Subject to preauthorisation

HIV OR AIDS escribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subjec clinical entry criteria and certain HIVCare Programme protocols. If a Designated Service

HOME-BASED CARE d from Major Medical Benefit, up to 100% of the LA Health Rate, subject to autho linical criteria and management by the Scheme's Designated Service Providers

HOSPITALS SPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

Paid from Major Medical Benefit: no overall limit Paid from Major Medical Benefit; no overall limit

MATERNITY BENEFIT

id from Major Medical Benefit; no overall limit

Not covered on this Option Paid from Medical Savings Account/Above Threshold Benefi

Paid from Medical Savings Account/Above Threshold Benefit

count/Above Threshold Benefit

nited to R1 465 per person and paid from Medical Savings Account/Above Threshold Benefit

ructures or therapeutic effects, we will pay up to the monthly CDA, whether they are on ne medicine list or not. enefits for persons registered on the Chronic Illness Benefit for diabetes, who have bee agistered by the Scheme's Designated Service Provider for GP related services. These enefits are paid from the Major Medical Benefit in addition to the normal PMB

rmulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if nor

rmulary medicine is used. If you use more than one medicine that has similar chemical

aid up to a Chronic Drug Amount. Limited to M R4 865 (+1) R9 790 (+2) R11 335

not accumulate up to Annual Threshold

CDL benefits, baskets of care and clinical criteria

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: M R9 105 (+1) R11 645 (+2) R14 035

(+3) R12 885 (+4) R13 960 (5+) R15 345

+3 R16 195 +4 R18 510 R228 000 per 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 for imited to funds in Medical Savings Account, paid up to 100% of the cost. Benefit does

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 and at 90% of the Medicine Rate for medicine on the non-preferred medicine list



OPTION COMPARISON

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





Legend















INAL CARE BENEFIT (EXCLUDING FRAIL CARE)

er for certain medical expenses after you or your family experienced severe trauma. ne benefit is paid up to the end of the year following the one in which the traumatic event

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

scribed Minimum Benefits, 21 days per person, paid from Major Medical Benefit at

oplies if the Scheme's Designated Service Provider is not used.

escribed Minimum Benefits. Three days per person paid from the Major Medical Benefit Psychiatrists only. Cover subject to R3 860 Specialist Benefit

NCOLOGY (CANCER-RELATED CARE)

ne Major Medical Benefit at 100% of the LA Health Rate, subject to the Prescribed inimum Benefits protocols. If the services of a non-network Oncologist is used luntarily, a 20% co-payment applies

Only at the KeyCare Oncology Network, subject to strict protocols

overed from Major Medical Benefit if obtained from a state hospital or the Scheme's esignated Service Provider, subject to Prescribed Minimum Benefit requirements

Paid from Major Medical Benefit ubject to a basket of care and registration on the Oncology Management Programme by

ne 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

Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria

lot covered on this Option lot covered on this Option

nlimited. Only at a state hospital subject to Prescribed Minimum Benefits, strict clinical entry

ATHOLOGY AND RADIOLOGY

overed subject to a preauthorised event and scan related to the hospital admission, only t a KeyCare network hospital

Paid from Major Medical Benefit: no overall limit at a KeyCare network hospital overed with no overall limit in a KeyCare hospital, if referred by a specialist

OUT-OF-HOSPITAL

Covered by Specialist Benefit up to R3 860, if referred by specialist

y the member's chosen KeyCare GP. Requests from specialists covered p to the R3 860 specialist limit overed with no overall limit at a day-care facility subject to preauthorisation

ROSTHESES

INTERNAL PROSTHESES lot covered on this Option

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation

lot covered on this Option Not covered on this Option

Paid from Major Medical Benefit subject to preauthorisation and clinical criteria EXTERNAL MEDICAL ITEMS

overed 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 400 per family from the Scheme's Designated Service Provider If the Designated Service Provider is not used, then no benefit will be payable lot covered on this Option

263 paid once per person per year, for one or all of the listed screening tests, if erformed at the same time or a flu vaccination. Payable from Major Medical Benefit only if 4bA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria

lot covered on this Option

ligible members have access to one specific approved pneumococcal vaccine per fetime paid from Major Medical Benefit

R73 paid from Major Medical Benefit only if Scheme's Designated Service Provider is used aid once per year, at the LA Health Rate, per qualifying person for a single or basket of

over for chronic dialysis only. Covered at DSP, National Renal Care. o-payments will apply if the network is not used

rescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry

Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the ollowing limits for the benefits listed below

Allied and therapeutic nealthcare services	M	R6 750	(+1) R10 200	(+2) R12 700	(3) R15 300
External Medical Appliances:		R27 400			
learing Aids		R13 500			
Prescribed Medicine	M	R13 250	(+1) R15 700	+2 R18 550	€3+ R22 550
Prosthetic limbs with no further access o the external medical		R78 300			

Senefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria

A RETPLUS: TOTAL CONTRIBUTIONS									
ncome	Member	Adult	Child dependant	Maxim for 3 cl depend					
10 201 1111 000	R1 014 R1 071 R1 611	R 886 R 936 R1 434	R 371 R 391 R 602	R1 113 R1 173 R1 806					

m Benefits, 21 days per person, paid from Major Medical Benefit, subject t aining services in a Designated Service Provider hospital. If a Designated Service Provider is ot used, a 20% co-payment will apply to the hospital account

scribed Minimum Benefits. Three days per person paid from the Major Medical Benefit imited to funds in the Medical Savings Account

DNCOLOGY (CANCER-RELATED CARE)

pject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate a threshold of R228 000, A 20% co-payment applies after this. Prescribed Minimum fits-related oncology care is paid in full without any co-payments o overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated

ervice Provider, subject to preauthorisation. A co-payment of R3 260 will apply the Designated Service Provider is not used o overall limit at the Designated Service Provider, subject to registration on the Oncology rogramme. Limited to R1 million, if Designated Service Provider is not used

ubject to a basket of care and registration on the Oncology Management Programme by

nds in Medical Savings Accoun mited to funds in Medical Savings Account

THER SERVICES Major Medical Benefit, subject to preauthorisation and clinical criteria

nited to funds in the Medical Savings Account

mited to funds in the Medical Savings Account

ORGAN TRANSPLANTS

PATHOLOGY AND RADIOLOGY

aid from Major Medical Benefit; no overall limit, subject to preauthorisation asic pathology subject to the use of the services of the Scheme's Designated

aid from Major Medical Benefit; no overall limit

First R2 550 of Hospital account paid from Medical Savings Account. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from nd limited to funds in Medical Savings Account OUT-OF-HOSPITAL

irst R2 550 of the scan paid from and limited to funds in Medical Savings Account. emainder of the account is paid from Major Medical Benefit aid from Medical Savings Accour

aid from Major Medical Benefit. Unlimited, subject to preauthorisation

PROSTHESES

NTERNAL PROSTHESES

aid from Major Medical Benefit up to R214 500 per person per year subject to

nlimited and paid from the Major Medical Benefit if obtained from Designated Service Provid the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for Only one procedure per year will be authorised

inlimited 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 aid from the Maior Medical Benefit. Subject to the use of the Scheme's DSP hospital. service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to ne hospital account. Devices for hip or knee replacements unlimited from the Scheme's referred Provider and limited to R30 000 per device, if obtained from a non-Preferred

aid from Major Medical Benefit subject to preauthorisation and clinical criteria EXTERNAL MEDICAL ITEMS

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation nd covered from Major Medical Benefit imited to funds in Medical Savings Account

ot covered on this Option

id once per person per year, for one or all of the listed tests, if performed at the ame time or a flu vaccination. Payable from Major Medical Benefit only if one of the ers is used HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria

mited to one Pap smear every three years, one mammogram every two years and ne prostate-specific antigen test per person per year, paid from Major Medical Benefit. onsultations, other related costs and procedures paid from Medical Savings Account, unless is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI east scans and once off BRCA testing subject to clinical criteria

ligible members have access to one specific approved pneumococcal vaccine per lifetime 73 paid once per year, per qualifying person for one or all the listed screening tests performed at the same time. Payable from Major Medical Benefit only if one of the

RENAL CARE

overall limit. Benefits subject to approval of treatment plan

MINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

om the Major Medical Benefit up to 100% of the LA Health Rate per family up to the wing limits for the benefits listed below:

Allied and therapeutic nealthcare services	M	R6 750	(+1) R10 200	(+2)	R12 700	(31)	R15 30
External Medical Appliances:		R27 400					
learing Aids		R13 500					
Prescribed Medicine	M	R13 250	(+1) R15 700	(+2)	R18 550	+3+	R22 55
Prosthetic limbs with no further access to the external medical tems limit)		R78 300					

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria

LA FOCUS: TOTAL CONTRIBUTIONS

ember	Adult	Child dependant	Maximum for 3 child dependants
2 120	R1 371	R 624	R1 872

rescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, Service Provider is not used, a 20% co-payment will apply to the hospital account

Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit Limited to funds in the Medical Savings Account

COLOGY (CANCER-RELATED CARE)

subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate 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 260 will apply if the

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

Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria

No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider

Paid from Major Medical Benefit; no overall limit, subject to preauthorisation

Basic pathology subject to the use of the services of the Scheme's Designated

Limited to funds in the Medical Savings Account

Limited to funds in the Medical Savings Account

imited to funds in the Medical Savings Account

As per Chronic Illness Benefit Chronic Drug Amount

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall limit

Only one procedure per year will be authorised

Paid from Medical Savings Account/Extended Day-to-day Benefi

Paid from Major Medical Benefit; no overall limit, subject to preauthorisatio

Paid from Major Medical Benefit up to R214 500 per person per year, subject to

Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provi

If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000

Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferre Provider. A limit of R40 000 per prosthesis will apply if the Preferred Provider is not used

Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital

service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to

he hospital account. Devices for hip or knee replacements unlimited from the Scheme

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation

263 paid once per person per year, for one or all of the listed screening tests, if

HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria

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

onsultations, other related costs and procedures paid from Medical Savings Account

Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit. More frequen AP smear and Mammogram testing, MRI breast scans and once off BRCA testing

Eligible members have access to one specific approved pneumococcal vaccine per lifetime

R73 paid once per year, per qualifying person 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

escribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry

Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the

Allied and therapeutic R16 950 (4) R23 000 (2) R28 050 (3) R32 500

Prescribed Medicine M R18 600 (+1) R22 600 (+2) R27 200 (+3) R29 700

Benefits are paid according to general Rules applicable to this Benefit Option in terms of

R1 392

Maximum for 3 child

R4 176

dependants

R19 000

R4 207

No overall limit. Benefits subject to approval of treatment plan

Preferred Provider and limited to R30 000 per device, if obtained from a non-Preferred

Paid from Major Medical Benefit subject to preauthorisation and clinical criteria

OUT-OF-HOSPITAL

INTERNAL PROSTHESES

EXTERNAL MEDICAL ITEMS

Not covered on this Option

subject to clinical criteria

External Medical

Prosthetic limbs (with no further acces

to the external medica

Hearing Aids

items limit)

R4 660

paid from Major Medical Benefit

ntracted providers is used

and covered from Major Medical Benefit

Limited to funds in Medical Savings Account

Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor

imited to funds in Medical Savings Account/Extended Day-to-day Benefit imited to funds in Medical Savings Account/Extended Dav-to-day Benefit Limited to funds in Medical Savings Account/Extended Day-to-day Benefit

nited to funds in Medical Savings Account/Extended Day-to-day Benefit

aid from Major Medical Benefit, subject to preauthorisation and clinical criteria

scribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit,

rvice Provider is not used, a 20% co-payment will apply to the hospital account

escribed Minimum Benefits. Three days per person paid from the Major Medical Benefit

bject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate

o overall limit at the Designated Service Provider, subject to registration on the Oncology

ubject to a basket of care and registration on the Oncology Management Programme by the

a threshold of R228 000, A 20% co-payment applies after this. Prescribed Minimum

o overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated

rvice Provider, subject to preauthorisation. A co-payment of R3 260 will apply

ogramme. Limited to R1 million, if Designated Service Provider is not used

efits-related oncology care is paid in full without any co-payments

mited to funds in the Medical Savings Account

ne Designated Service Provider is not used

NCOLOGY (CANCER-RELATED CARE)

mited to funds in the Medical Savings Account nited to funds in the Medical Savings Account

ORGAN TRANSPLANTS

o overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use f the Scheme's Designated Service Provider

ATHOLOGY AND RADIOLOGY

Paid from Maior Medical Benefit: no overall limit, subject to preauthorisation sic pathology subject to the use of the services of the Scheme's Designated

Paid from Major Medical Benefit; no overall limit

First R2 550 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 550 of the scan paid from and limited to funds in Medical Savings Account. Paid from Medical Savings Account/Extended Day-to-day Benefi

Paid from Major Medical Benefit. Unlimited, subject to preauthorisation

PROSTHESES

INTERNAL PROSTHESES Paid from Major Medical Benefit up to R214 500 per person per vear subject to

nlimited and paid from the Major Medical Benefit, if obtained from Designated Service Provi the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for

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 the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital. ne hospital account. Devices for hip or knee replacements unlimited from the Scheme eferred Provider and limited to R30 000 per device, if obtained from a non-Preferred

Paid from Major Medical Benefit subject to preauthorisation and clinical criteria

EXTERNAL MEDICAL ITEMS

overed in full at the Scheme's Designated Service Provider. Subject to preauthorisation d covered from Major Medical Benefit mited to funds in Medical Savings Accoun

Not covered on this Option **REVENTIVE CARE**

63 paid per person per year, for one or all of the listed screening tests, if performed a e same time or a flu vaccination. Payable from Major Medical Benefit only if one of the

HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria .imited 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 insultations, other related costs and procedures paid from Medical Savings Account less it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogran esting, MRI breast scans and once off BRCA testing subject to clinical criteria

ligible members have access to one specific approved pneumococcal vaccine per lifetime id from Major Medical Benefit

73 paid once per year, per qualifying person for one or all of the listed screening tests, performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's

o overall limit. Benefits subject to approval of treatment plan

verall limit. Benefits subject to approval of treatment plan and use of the Scheme's

MINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

oed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry

AUMA RECOVERY BENEFIT

R2 538

RENAL CARE

id from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the ollowing limits for the benefits listed below:

Allied and therapeutic healthcare services	M	R6 750	(+1) R10 200	(+2) R12 700	€3+ R15 300
External Medical Appliances:		R27 400			
Hearing Aids		R13 500			
Prescribed Medicine	M	R13 250	(+1) R15 700	(+2) R18 550	(3) R22 550
Prosthetic limbs (with no further access to the external medical items limit)		R78 300			

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria LA ACTIVE: TOTAL CONTRIBUTIONS

R1 706

Child dependant	Maximum for 3 child dependants
R 842	R2 526

ed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subjec ovider is not used, a 20% co-payment will apply to the hospital account

scribed Minimum Benefits. Three days per person paid from the Major Medical Benefit Paid from Medical Savings Account/Above Threshold Benefit. Limited to R17 500 per family per vear with a sub-limit of R5 850 per person for alcohol and drug rehabilitation

NCOLOGY (CANCER-RELATED CARE)

biect to approval of a treatment plan, paid up to the LA Health Rate, All claims accumulate a threshold of R456 000, A 20% co-payment applies after this, Prescribed Minimum nefits-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

ervice Provider, subject to preauthorisation. A co-payment of R3 260 will apply the Designated Service Provider is not used No overall limit at the Designated Service Provider, subject to registration on the Oncology ogramme. Limited to R1 million, if Designated Service Provider is not used

aid from Medical Savings Account/Above Threshold Benefit up to a limit of R4 160 per

Paid from Major Medical Benefit

Subject to a basket of care and registration on the Oncology Management Programme by

from Major Medical Benefit, subject to preauthorisation and clinical criteria

mited to funds in the Medical Savings Account or Above Threshold Benefit mited to funds in the Medical Savings Account or Above Threshold Benefit

ORGAN TRANSPLANTS verall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use o

PATHOLOGY AND RADIOLOGY

Paid from Major Medical Benefit; no overall limit, subject to preauthorisation asic pathology subject to the use of the services of the Scheme's Designated

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 Benefi

Paid from Major Medical Benefit; no overall limit, subject to preauthorisation

PROSTHESES ITERNAL PROSTHESES

aid from Major Medical Benefit up to R214 500 per person per year, subject to

Inlimited and paid from Major Medical Benefit if obtained from Designated Si the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 Inly one procedure per year will be authorised

ovider. A limit of R40 000 per prosthesis will apply if the Preferred Provider is not used Paid from the Major Medical Benefit, Subject to the use of the Scheme's DSP hospital. service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to ne hospital account. Devices for hip or knee replacements unlimited from the Scheme's referred Provider and limited to R30 000 per device, if obtained from a non-Preferred

limited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred

aid from Major Medical Benefit subject to preauthorisation and clinical criteria

EXTERNAL MEDICAL ITEMS overed in full at the Scheme's Designated Service Provider. Subject to preauthorisation nd covered from Major Medical Benefit

imited 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

aid once per person per year, for one or all of the listed scre t the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the

HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria imited 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. nsultations, other related costs and procedures paid from Medical Savings Account/ xtended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit. More frequent PAP mear and Mammogram testing, MRI breast scans and once off BRCA testing subject to

gible members have access to one specific approved pneumococcal vaccine per lifetime d from Major Medical Benefit

73 paid once per year, per qualifying person for one or all of the listed screening tests, performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's

RENAL CARE

o overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated

overall limit. Benefits subject to approval of treatment plan

RMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

RAUMA RECOVERY BENEFIT

rom the Major Medical Benefit up to 100% of the LA Health Rate per family up to the lowing limits for the benefits listed below:

Allied and therapeutic	M	R16 950	(+1) R23 000	(D)	R28 050	43+	R32 500
healthcare services		1110 300	000 1120 000		1120 000		1102 000
External Medical Appliances:		R40 800					
Hearing Aids		R19 000					
Prescribed Medicine	M	R18 600	(+1) R22 600	+2	R27 200	(13+)	R29 700
Prosthetic limbs (with no further access to the external medical		R78 300					

Benefits are paid according to general Rules applicable to this Benefit Option in terms of

LA COMPREHENSIVE: TOTAL CONTRIBUTIONS

R6 244 R4 768 R1 513 R4 539



Client Services 0860 103 933 or Fax 011 539 7276

> www.lahealth.co.za service@discovery.co.za



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

are admitted to hospital and also certain out-of-

hospital procedures, subject to preauthorisation.

expenses and includes cover for doctor and

specialists visits, acute medicine, dentistry,

Major Medical Benefit This covers all your medical expenses when you

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

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.

will pay for day-to-day expenses.

we will pay the doctor directly.

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

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

Treatment and care for Prescribed Minimum Benefit conditions

Prescribed Minimum Benefits are paid at cost,

subject to clinical criteria and the use of the

services of the Scheme's Designated Service Providers. Non-PMB Benefits are paid up to 100% of the Scheme Rate, subject to clinical criteria, the use of the Scheme's Designated Providers and applicable limits. Certain specialists and GPs have agreed to preferential rates for PMBs. If these Preferred or Designated Providers are used, claims will be paid in full. If other providers are used, a co-payment may apply.

> Please note: For ease of reference, we have listed the

different benefit categories in alphabetical order in the table.

To find out more, please call LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker. This leaflet is a summary of LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker. This leaflet is a summary of LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker. This leaflet is a summary of LA Health broker. This leaflet is a summar