



About this

BENEFIT OPTION

2018



Reasons why the LA KeyPlus option is the best choice for you

The 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.

- 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.

Your KeyCare GP must obtain approval for your casualty visit, if it is not an emergency. If you do not have approval, the Scheme will not pay for the casualty visit.

2 You're covered in an emergency

LA KeyPlus covers you for emergency transport, 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.

5 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 R150 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.

3 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 860 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.

6 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.

4 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.

7 Comprehensive maternity and post-birth benefits

A defined basket of maternity and infant benefits will be paid up to 100% of the Scheme Rate, from the Hospital Benefit, and will not affect other day-to-day benefits:

-  Antenatal consultations
-  Selected blood tests
-  Ultrasound scans and prenatal screening
-  Pre- and postnatal care
-  GP and specialist care after birth


The Maternity benefit is fully supported by access to 24/7 support, advice and guidance through the My Pregnancy and My Baby programmes on the Discovery app.


Benefits will be activated when you preauthorise the delivery, when you create a pregnancy profile on the Discovery app, or the website www.lahealth.co.za or when you register your baby onto the Scheme.


SCHEDULE OF BENEFITS


 Ambulance services	Must call Discovery 911 for authorisation	
	Emergency transport	Paid from Major Medical Benefit; subject to preauthorisation. No overall limit
 Blood transfusions and blood products	Blood transfusions and blood products, subject to preauthorisation	Prescribed Minimum Benefits. 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	Subject to Prescribed Minimum Benefits. 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 860 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 consultations	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit when obtaining treatment from a Designated Service Provider and subject to clinical entry criteria and certain HIVCare Programme protocols. A 20% co-payment applies if a non-Designated Service Provider is used voluntarily
 Home-based care	Wound care, end-of-life care, IV infusions and postnatal care	Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisations, clinical criteria and management by the Scheme's Designated Service Providers
 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)	Subject to authorisation and the member paying the first R325 of the claim to the hospital. No benefit if not authorised


 Maternity Benefit		<p>A comprehensive defined basket of maternity and infant benefits. Paid up to 100% of the LA Health Rate, from the Hospital Benefit, not affecting the other day-to-day benefits. Benefits must be activated by preauthorising the delivery, creating a pregnancy profile on the Discovery app/on our website at www.lahealth.co.za or by registering your baby on the Scheme.</p> <p><i>This benefit is fully supported by access to 24/7 support, advice and guidance through the My Pregnancy and My Baby programmes on the Discovery app.</i></p>	
	In-hospital	 Theatre fees, intensive and high-care unit costs. Subject to preauthorisation	No overall limit in a KeyCare Hospital
		 Antenatal consultations at a gyneacologist, GP or midwife	Up to 8 consultations at your gynaecologist, GP or midwife
		 Ultrasound scans and prenatal screening	Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening
		 Blood tests	A defined basket of blood tests per pregnancy
		 Pre- and postnatal care	Up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse
		 GP and specialist care for babies and toddlers who are younger than 2 years	Two visits to the chosen KeyCare GP, paediatrician or ear-nose and throat specialist (ENT)
		 Other healthcare services for the mother	Postnatal care: one lactation consultation with a registered nurse or lactation specialist, one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one midwife, GP or gynaecologist consultation
 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 R150 per person per hospital event
 Mental health	In-hospital	Psychiatric hospitals, subject to preauthorisation and case management (in-hospital)	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject to obtaining services from a Designated Service Provider hospital. A co-payment of 20% of the hospital account applies when a non-network hospital is used voluntarily
	Out-of-hospital	Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital)	Psychiatrists only. Cover subject to R3 860 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 Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation
	Medicine for immuno-suppressive therapy		As per the Prescribed Minimum Benefits formulary
 Other services	In-hospital	Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
	Out-of-hospital	Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	No benefit

 Pathology and Radiology	In-hospital	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
	Out-of-hospital	MRI and CT scans, subject to preauthorisation	Covered by Specialist Benefit up to R3 860, 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 860 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


<div>Prostheses</div> <div></div>	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 400 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 R263 per qualifying person 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. HbA1C and LDL cholesterol tests paid from Major Medical Benefit, subject to clinical criteria.	
	Pneumococcal vaccination	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from the Major Medical Benefit	
	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 R73 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	
---	--	---	--

 Substance abuse	Alcohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit	
	Detox: In hospital	Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit	





 Terminal Care Benefit	Hospice (excluding frail care)	Prescribed Minimum Benefits. Paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation	
--	--------------------------------	---	--

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

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R3 943.00

KeyPlus contributions	Income Category	R0 - R8 200	R8 201 - R11 300	R11 301+
		R 406	R 429	R 645
		R 760	R 803	R1 218
		R 909	R 960	R1 459
		R1 057	R1 116	R1 700
		R1 206	R1 272	R1 941
		R 554	R 585	R 886
		R 703	R 742	R1 126
		R 851	R 898	R1 367

2018 Total contributions

KeyPlus	Income Category	R0 - R8 200	R8 201 - R11 300	R11 301+
		R1 014	R1 071	R1 611
		R 886	R 936	R1 434
		R 371	R 391	R 602
		R1 113	R1 173	R1 806

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

What we do not cover (exclusions)

There are certain medical expenses and other costs the Scheme does not cover. We call these exclusions. LA Health will not cover any of the following, or the direct or indirect consequences of these treatments, procedures or costs incurred by members:

- **Certain types of treatments and procedures:**
 - Cosmetic procedures, for example, otoplasty for jug ears; portwine stains; blepharoplasty (eyelid surgery); keloid scars; hair removal; nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery) and healthcare services related to gender reassignment
 - Breast reductions and implants
 - Treatment for obesity
 - Treatment for infertility, subject to Prescribed Minimum Benefits
 - Frail care
 - Experimental, unproven or unregistered treatment or practices
 - CT angiogram of the coronary vessels and CT colonoscopy
- **The purchase of the following, unless prescribed:**
 - applicators, toiletries and beauty preparations
 - bandages, cotton wool and other consumable items
 - patented foods, including baby foods
 - tonics, slimming preparations and drugs
 - household and other biochemical remedies
 - anabolic steroids
 - sunscreen agents.

Unless otherwise decided by the Scheme, benefits in respect of these items, on prescription, are limited to one month's supply for each prescription or repeat thereof.
- **Certain costs**
 - Costs of search and rescue
 - Any costs that another party is legally responsible for
 - Facility fees at casualty facilities (these are administration fees that are charged directly by the hospital or other casualty facility)
- **Always check with us**

Please contact us if you have one of the conditions we exclude so we can let you know if there is any cover. In some cases, you might be covered for these conditions if they are part of Prescribed Minimum Benefits.

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** ●

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07.
Discovery Health (Pty) Ltd is an authorised financial services provider.