

LA KeyPlus

The LA KeyPlus option offers you affordable cover within the KeyCare network of hospitals and doctors.

With LA KeyPlus as a Benefit Option you get:



Unlimited **emergency and trauma** cover in our network, and cover for planned procedures authorised with us.



An **ambulance or helicopter** sent to you in an emergency.



Cover in our network for antenatal care during **pregnancies** and cover for childbirth.



Cover in our network when you need to see a **specialist**.



Unlimited cover in our network for **GP** visits when you are sick or need blood tests, x-rays or medicine.



Cover for Prescribed Minimum Benefits from a list of conditions and medicines if prescribed by your chosen KeyCare GP.





LA KeyPlus at a glance

Your cover

Approved hospital admissions for:	Unlimited cover in the KeyCare Hospital Network Unlimited cover in a non-network hospital if you could not go to a network hospital. This will have to be explained to the Scheme.
Other approved hospital admissions and childbirth	Unlimited cover in the KeyCare Hospital Network
Chronic medicine	You have cover for a list of chronic conditions and medicine on the KeyCare medicine list
Day-to-day medical expenses	Primary care cover through your chosen GP and day-to-day medicine from our medicine list
Screening, prevention and antenatal services	Access to certain screening tests to check your health and a list of healthcare services when you are pregnant



Your cover in hospital

The cover you need, when you need it

Emergency cover when you need it most

In an emergency, go straight to hospital. If you need an ambulance or helicopter, call 0860 999 911. We will send the help you need. It is important that you, a loved one or the hospital let us know of your admission within two working days after the emergency. If you don't, we can apply a R1 000 penalty that you have to pay.

No overall hospital limit

There is no overall hospital limit. This means that even if you have to stay in hospital for a long time, or if your treatment is very expensive, your cover won't run out. Some healthcare services and procedures have limits or we may have rules on how we pay for them.

Cover for planned hospital admissions

You have cover in a private hospital in the KeyCare Hospital Network. Call us at least two days before you go to hospital. You will not have cover if you do not call us.

We cover these procedures in a day surgery network only

Adenoidectomy	Hysteroscopy	Simple abdominal hernia repair
Arthrocentesis (joint injection)	Myringotomy	Simple nasal procedure for nose bleeding (that is, nasal plugging and nasal cautery)
Cataract Surgery	Myringotomy with intubation (grommets)	Tonsillectomy
Cautery of vulva warts	Prostate biopsy	Treatment of Bartholin's cyst/abscess
Circumcision	Proctoscopy	Vasectomy
Colonoscopy	Removal of pins and plates	Vulva/cone biopsy
Cystourethroscopy	Sigmoidoscopy	
Diagnostic D&C		
Gastroscopy		

Your cover for MRI and CT scans

MRI and CT scans are like x-rays, but show much more detail. They are used when an x-ray doesn't show enough. If your scan is related to an approved hospital stay in our network of private hospitals, we pay for it from your Major Medical Benefit.

If it is not, we pay for it from your Specialist Benefit, up to R2 550 for each person. We do not pay for MRI or CT scans that are related to conservative back or neck treatment (this is treatment for your back or neck that is not surgery related).

Unlimited healthcare services

Most in-hospital healthcare services have no overall limit. These are:

- GPs
- Specialists
- Pathology
- Radiology
- Allied healthcare professionals like physiotherapists
- HIV cover

These services have a limit in hospital

Mental health	21 days for each person
Alcohol and drug rehabilitation	21 days for each person
Cataract surgery	We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery
Chronic dialysis	We cover these expenses in full as long as we have approved your treatment at a doctor and facility in our network
Terminal care	R22 000 for each person per year

Your cover for healthcare professionals

Full cover for specialists who have an agreement with us

We will cover approved treatment in full at healthcare professionals who have an agreement with us. These healthcare professionals are also the designated providers for Prescribed Minimum Benefits.

Other specialists and healthcare professionals

If you are treated by a specialist who does not have an agreement with us and other healthcare professionals, we pay up to 100% of the LA Health Rate. If the healthcare professional charges more than the LA Health Rate, you must pay the rest.



DiscoveryCare

DiscoveryCare looks after you when you are living with a chronic (long-lasting) condition that needs ongoing management and care. Our skilled consultants help guide you to ensure you always receive the most appropriate level of care when your condition is registered on one of our care programmes.

Your cover for chronic conditions

You have cover for a list of chronic conditions if your medicine is on the KeyCare medicine list. You must get your approved medicine from one of our network pharmacies or from your chosen GP. If you get your medicine anywhere else, you have to pay a 20% co-payment. We need to approve your chronic condition before we can pay for it from the Chronic Illness Benefit. Your chosen GP must prescribe the chronic medicine.

Your cover for cancer treatment

On LA KeyPlus we cover cancer treatment if it is a Prescribed Minimum Benefit and if you go to a cancer specialist in our network. Please call us to register on the Oncology Programme.

Your cover for additional benefits

Specialist Benefit

Each person is covered up to R2 550 for the year. Your GP must get a reference number before your consultation with the specialist. If you need to see a tooth specialist or a specialist for maternity care, you do not need a referral from your GP or a reference number from us.

Antenatal Benefit

If you are pregnant, the Antenatal Benefit covers you at 100% of the LA Health Rate for the following healthcare services:

- Four visits to a GP or gynaecologist at a network hospital
- One routine scan (between 10 and 20 weeks)
- Selected blood tests requested by your gynaecologist or GP
- Baths for use during water births - Limited to R1 000 per bath per pregnancy

Your cover for day-to-day medical expenses

Cover for GP visits

When joining, you must choose a GP from the GP network. You must go to your chosen GP for us to cover your consultations and some minor procedures. You can also choose a second GP if you work far away from home.

Basic x-rays

We pay for a list of basic x-rays at a network provider. Your chosen GP must ask for the x-rays to be done.

Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.

Day-to-day medicine

We pay for medicine from our medicine list if they are prescribed by your chosen network GP.

You get one out-of-network GP visit

If you need to see a doctor and your chosen GP from our network is not available or busy, each person on your membership can go to any other GP, who is not in the network, once a year. We will cover the GP visit, with selected blood tests and x-rays and medicines on our medicine list.

Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network.

Cover for eye care

We cover one eye test for each person, but you must go to an eye doctor in our network. The eye doctor will have a specific range of glasses that you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.

Casualty visits

On LA KeyPlus you can go to any casualty unit at one of the network hospitals. You have to pay the first R205 of the consultation.

Trauma Recovery Extender Benefit

We will cover specific out-of-hospital claims for your recovery after certain traumatic events. We'll cover you for the rest of the year in which the trauma took place. This benefit will be paid per family each year up to the following limits:

External appliances	R33 000
Hearing aids	R10 500
Prosthetic limbs	R61 000
Prescribed medicine	R8 600 (M) R10 150 (M1) R12 050 (M2) R14 600 (M3+)
Private nursing	R7 000
Mental health	R12 000

Terminal Care Benefit

A benefit of R22 000 per person, per year, will be paid for terminal care in a registered facility.

How we cover medical equipment

We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. For each family, there is an overall limit of R4 200.

Cover for other types of healthcare professionals

We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors.

Save on self-medication at Clicks

With MedSaver, you can earn up to 25% cash back on self-medication at any Clicks Pharmacy, whether you pay for it or claim for it. Activate MedSaver by going to lahealth.co.za/benefits and **cover/cover for medicine/prescribed medicine** and clicking on the MedSaver link.

Exclusions on LA KeyPlus

We do not cover certain healthcare services. You can find a full list of exclusions at www.lahealth.co.za. In addition to the general exclusions that apply to all Options, this Benefit Option does not cover the following, except if the Prescribed Minimum Benefits say they must:

1. Hospital admissions related to:

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| <ul style="list-style-type: none"> • Dentistry • Nail disorders • Functional nasal surgery • Surgery for oesophageal reflux and hiatus hernia • Joint replacements, including but not limited to hips, knees, shoulders and elbows • Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary | <ul style="list-style-type: none"> • Skin disorders • Investigations and diagnostic work-up • Elective caesarean section, except if medically necessary • Back and neck treatment or surgery • Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors |
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2. Bunionectomy

3. Arthroscopy

4. Removal of varicose veins

5. Brachytherapy for prostate cancer

6. Refractive eye surgery

7. Non-cancerous breast conditions






8. Healthcare services outside South Africa

We also do not cover the cost of treatment for any complications or the direct or indirect expenses related to any of these excluded conditions and treatments.

General exclusions for all Options

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| <ul style="list-style-type: none"> • 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 enamel micro abrasion • Breast reductions and implants • Obesity • Frail care | <ul style="list-style-type: none"> • Infertility • Wilfully self-inflicted illness or injury • Injuries sustained during participation in a willful and material violation of the law • Injuries sustained during willful participation in war, terrorist activity, riot, civil commotion, rebellion or insurrection • Experimental, unproven or unregistered treatment or practices | <ul style="list-style-type: none"> • Search and rescue • Any costs where a third party is legally responsible • CT angiogram of the coronary vessels and CT colonoscopy • Facility fees at casualty facilities. • Incontinence • Sexual dysfunction • Hearing disorders |
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LA KeyPlus – monthly contributions for 2013

 Income	 Member	 Adult	 Child dependant	 Maximum for child dependants
R0 – R6 300	R 740	R 646	R 271	R 813
R6 301 – R8 500	R 781	R 683	R 285	R 855
R8 501+	R1 176	R1 046	R 439	R1 317