# **COMPARISON** 2020



## LA KEYPLUS

International clinical review consultation

services provided by a KevCare Network G

Services provided by a KeyCare Network GP.

Casualty/outpatient Benefit (excluding facility fees).

General Practitioners (GPs)

IN-HOSPITAL

OUT-OF-HOSPITAL

Out-of-network Benefit

vides hospital cover, Prescribed Minimum Benefit Chronic Disease List cover; and day-to-day medical expense benefits. The KeyCare Network is the Designated Service Provider for in-hospital, day clinic and out-of-hospital benefits. Members must use a KeyCare network hospital for non-emergency and other procedures, or a defined list of day care facilities for specific procedures or treatment. To get full cover, members must also use the services of GPs in the KeyCare network and that of KeyCare Specialists working

OVERALL ANNUAL LIMITS		
Hospital Benefit.		No overall annual limit for care in a KeyCare Network hospital
AMBULANCE SERVICES	É	
Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation).		Paid from Major Medical Benefit; no overall limit.
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS	٥	
Blood transfusions and blood products, subject to preauthorisation.		Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
DENTISTRY	$\square$	
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.		Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
Dentistry in-hospital.		Not covered on this Option.
Dentistry out-of-hospital.		SPECIALISED DENTISTRY Not covered on this Option
		BASIC DENTISTRY  Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network.
CONSULTATIONS	4	
Specialists In-Hospital.		No overall limit if services are provided by a specialist working in a KeyCare Network Hospital. For the account to be paid, your chosen KeyCare Network GP must refer you the Specialist. If you go to a Specialist without a referral, the account will not be paid. We pay Specialists with whom we have a payment arrangement in full at the arranged rate. We pay other Specialists working in a KeyCare Network Hospital at the Scheme Rate.
Out-of-hospital.		Limited to R4 400 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network). We pay Network

No overall limit, paid in full only if the services of a KeyCare Network GP is used.

specialists in full, at the agreed rate. If you go to a specialist without a GP referral,

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

the account will not be paid.

Covered only at the member's chosen GP working in the KeyCare network, with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary authorisation is required for those additional visits. Unscheduled, emergency visits, limited to three visits, per person, per year, at member's chosen GP. Four out-of-network GP visits per person per year and 4 each of selected blood test X-rays and acute medicines (subject to a formulary) requested by the non-network Gi

Visits to casualty units at Hospitals in the KeyCare Network, limited to 1, per beneficiary, per benefit year, subject to authorisation. The first R390 of the casualty unit cost payable by the beneficiary; the remainder paid from the Major Medical Benefit up to 100% of the Scheme Rate. Pathology, radiology and Specialist services obtained whilst at the casualty unit, paid subject to the applicable limits for those benefits in this Option. No benefit for casualty visits at non-Network Hospitals

lo overall limit and paid in full from Major Medical Benefit for treatment authorised

Emergency admissions in a non-Network Hospital, subject to PMB, Paid at 100% of the Scheme Rate. Patient to be transferred to a Network Hospital once stabilised. No cover for planned procedures in a non-Network Hospital.

Unlimited, subject to preauthorisation and clinical criteria. The specific services must

Subject to registration on the Disease Management Programme, authorisation and clinical criteria. Paid up to 80% of the Scheme Rate for the Hospital and Related

8 Antenatal consultations with the chosen GP, gynaecologist or midwife,

One Nuchal translucency test or one Non Invasive Prenatal (NIPT) test

or one T21 Chromosome test, subject to clinical entry criteria.

2 x 2D Ultrasound scans per pregnancy (3D and 4D scans will pay up to the Scheme Rate for a 2D scan).

5 Pre-or postnatal antenatal classes or visits with a registered nurse.

2 Visits to a KeyCare Network GP, Paediatrician or ENT Specialist.

1 Consultation with a nurse or lactation specialist.

1 GP or Gyneacologist's consultation related to post-natal complications.

1 Nutritional assessment at a dietician. 2 Post-natal mental health consultations with a Network GP, psychologist or counsellor.

We will pay your approved medicine in full up to the LA Health Medicine Rate if it is

Provider (DSP) pharmacy. If it is not on the list and/or a DSP pharmacy is not used,

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a

Unlimited, subject to preauthorisation and clinical criteria

be obtained from a DSP day-care facility.

subject to applicable limits.

HIV OR AIDS Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. Subject to clinical entry criteria and registration on the HIVCare Programme. If the services of a HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related non-DSP is used, a 20% co-payment will apply.

HOME-BASED CARE Includes wound care, end-of-life care, IV infusions, postnatal care, etc. Paid 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 Provider.

HOSPITALS Hospitalisation, theatre fees, intensive and high-care unit costs, medicine materials and hospital equipment

Procedures or treatment at identified day-care facilities. INTRAVENOUS INFUSIONS

DAY-CARE FACILITIES

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Subject to authorisation and clinical criteria, from a Network provider. A 20% co-paymen applies to the hospital account for treatment obtained from a non-Network provider. Administration of defined intravenous infusions and medicine used during the procedure HOSPITALISATION FOR MEMBERS WITH ONE OR MORE CHRONIC CONDITIONS

Non-emergency hospital admissions for certain members with one or more significant MATERNITY BENEFIT (Subject to registration on the Maternity Programme)

Out of hospital services related to pre- and postnatal care for the mother and baby. Cover during the pregnancy.

Cover for the newborn baby or toddler up to the age of 2 years. Cover for the mother of the baby for up to two years after the birth.

MEDICINE Prescribed Minimum Benefit Chronic Disease List conditions subject to clinical entry criteria and approval. Diabetes Care and Cardio Care Programmes

treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network Provider. Paid from the Major Medical Benefit. overed with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network. Not covered on this Option, except PMBs.

Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not), Specialised Medicine and Technology benefits. Take-home medicine (when discharged from hospital).

Limited to R175 per hospital admission per person

# **OPTION DESCRIPTION**

Hospital Benefit. Extended Day-to-day Benefi Medical Savings Account AMBULANCE SERVICES

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS Blood transfusions and blood products, subject to preauthorisation.

Maxillo-facial procedures: Certain severe infections, jaw-joint replacements cancer-related and certain trauma-related surgery, cleft-lip and palate repairs

GPs AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST

Out-of-hospital GP visits.

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

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

Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtua International clinical review consultations

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

HOME-BASED CARE

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

Private hospitals, subject to preauthoris

Ultrasound scans and prenatal screening

Pre- and postnatal care

Other healthcare services for the mother.

MEDICINE

Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval).

Diabetes Care and Cardio Care Programmes.

Additional Chronic Conditions (ADL).

Prescribed/acute medicine

Specialised Medicine and Technology Benefit.

Take-home medicine (when discharged from hospital).

for some day-to-day expenses from a Medical Savings Account. We will pay hospital costs in full at any LA Focus network hospital. These are all hospitals in a Province with a coastline and specific hospitals in the remaining South African Provinces. If you do not use the services of one of the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (co-payment). All planned in-hospital procedures and other high cost treatment must be preauthorised.

OVERALL ANNUAL LIMITS

Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation

DENTISTRY

Dentistry in-hospital.

**OVERALL ANNUAL LIMITS** 

Dentistry out-of-hospita

In-hospital.

Casualty/outpatient Benefit (excluding facility fees).

HOSPITALS OR SERVICES INSTEAD OF HOSPITALISATION

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS Hospitals, subject to preauthorisation

MATERNITY BENEFIT

Out of hospital. Antenatal consultations at a gyneacologist, GP or midwife

GP and specialist care for babies and toddlers who are younger than 2 years.

Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not).

This Option has a Major Medical Benefit for all in-hospital and large expenses and medicin

Not applicable

DENTISTRY

No overall limit in LA Focus Network hospitals only. Not applicable

Spouse/adult Child (max 3) AMBULANCE SERVICES

Paid from Major Medical Benefit: no overall limit.

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

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

IN-HOSPITAL SPECIALISED DENTISTRY

Older than 13 years Day Clinics Younger than 13 years R1 000 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the

LA Health Rate. Basic dental services that form part of the special Related non-hospital accounts (for non-Network dentists, anaeasthetists, etc) subject to a limit of R22 680 per person per year.

IN-HOSPITAL BASIC DENTISTRY eductibles payable by the member from own pocke Hospital Younger than 13 years R2 030 Older than 13 years R5 140 Younger than 13 years R1 000 Day Clinics Older than 13 years

Hospital account paid up to 100% of the LA Health Rate, from Major Medical Benefit. Basic dental services obtained from a Network Dentist, unlimited from Major Medical Benefit, subject to a list of procedures. Related, non-hospital accounts

**OUT-OF-HOSPITAL SPECIALISED DENTISTRY** Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and paid from the Major Medical Benefit, subject to a list of procedures. All other specialised dental care paid from the Medical Savings Account.

**OUT-OF-HOSPITAL BASIC DENTISTRY** Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the Network. One set of plastic dentures per person every four years, paid

from Major Medical Benefit if obtained from a Network Dentist. If a non-Network dentist is used, paid from the Medical Savings Account.

GPs AND SPECIALISTS

Paid from Medical Savings Account

Paid at 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

Two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account has been depleted. Includes cost of the emergency casualty consultation facility fees and consumables

Paid from Medical Savings Account.

Paid from Major Medical Benefit once the Medical Savings Account is depleted, Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

Not applicable

Paid from and limited to funds in Medical Savings Account

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

HOME-BASED CARE

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

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

Paid from Major Medical Benefit: no overall limit MATERNITY BENEFIT

Paid from Major Medical Benefit; no overall limit. Related accounts paid at 100% of the LA Health Rate

Paid from the Major Medical Benefit, up to 100% of the LA Health Rate Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or T21 Chromosome test, subject to clinical entry criter

A defined basket of blood tests per pregnancy Up to five pre- or postnatal classes or consultations, up until two years after birth

Postnatal care: one lactation consultation with a registered nurse or lactation specialist one nutritional assessment with a dietitian, two mental healthcare consultations with a

Paid from and limited to funds in the Medical Savings Account MEDICINE

We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drua Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether they are on the medicine list or not.

counsellor or psychologist and one GP or gyneacologist consultation for post-natal complications.

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatmen basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit. Not covered on this Option.

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

Limited to funds in Medical Savings Account and paid at 100% of the LA Health Medicine

Not covered on this Option

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

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

This Option has a Major Medical Benefit for all in-hospital and large expenses as well as fo expenses from a Medical Savings Account. Further cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPS, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned in-hospital procedures must be

**OVERALL ANNUAL LIMITS** 

Not applicable

No overall limit Child (max 3) R4 818 R6 660

Paid from Major Medical Benefit; no overall limit.

**BLOOD TRANSFUSIONS AND BLOOD PRODUCTS** 

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

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

IN-HOSPITAL SPECIALISED DENTISTRY

Younger than 13 years Day Clinics Younger than 13 years 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 R22 680 per person per year

IN-HOSPITAL BASIC DENTISTRY

le by the member from own pocket Hospital Younger than 13 years R2 030 Older than 13 years Day Clinics Younger than 13 years Older than 13 years

spital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit.

**OUT-OF-HOSPITAL SPECIALISED DENTISTRY** Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit.

**OUT-OF-HOSPITAL BASIC DENTISTRY** First R3 680 per family per year paid from Major Medical Benefit. Thereafter paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit.

GPs AND SPECIALISTS

Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

Paid from Medical Savings Account/Extended Day-to-day Benefit.

Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation Paid from Medical Savings Account/Extended Day-to-day Benefit

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

Not applicable

Paid from and limited to funds in Medical Savings Account

scribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

Paid 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 Pro

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

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

MATERNITY BENEFIT Paid from Major Medical Benefit; no overall limit.

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

Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria A defined basket of blood tests per pregnancy.

Up to five pre- or postnatal classes or consultations, up until two years after birth

nsellor or psychologist and one GP or gyneacologist consultation for post-natal complications Paid from and limited to funds in the Medical Savings Accoun

Postnatal care: one lactation consultation with a registered nurse or lactation specialist

one nutritional assessment with a dietitian, two mental healthcare consultations with a

We will pay your approved medicine in full if it is on our medicine list (formulary), we will pay you approve interioring in it is not in the sound in the s to the monthly CDA, whether they are on the medicine list or not. Up to 100% of the LA Health Rate for non PMB GP-related services covered in a treatment

Limited to funds in Medical Savings Account/Extended Day-to-day Renefit and paid

basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit. Not covered on this Option.

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.

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

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list.

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 medical Minimum Benefit Chronic Disease List Minimum Benefit Chronic Dis as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover for specific disciplines through the Extended Day-to-day Benefit (GPS, specialists, dentists, acute medicine radiology, pathology and optical benefits). All planned in-hospital procedures must

OVERALL ANNUAL LIMITS

Not applicable

Child (max 3) Spouse/adult R6 394 R9 540

Paid from Major Medical Benefit; no overall limit.

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

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

IN-HOSPITAL SPECIALISED DENTISTRY

Hospital Younger than 13 years Older than 13 years Day Clinics Younger than 13 years R1 000

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 R29 970 per person per year. IN-HOSPITAL BASIC DENTISTRY

Deductibles payable by the member from own pocket Younger than 13 years R2 030 Older than 13 years R5 140 Hospital Day Clinics Younger than 13 years R1 000 Older than 13 years

spital 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.

Paid from and limited to funds in Medical Savings Account and Extended Dav-to-day Benefit

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

**OUT-OF-HOSPITAL BASIC DENTISTRY** 

GPs AND SPECIALISTS

Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit. Paid from Medical Savings Account/Extended Day-to-day Benefit

Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation

Paid from Medical Savings Account/Extended Day-to-day Benefit. Paid from Major Medical Benefit once the Medical Savings Account and Extended

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

Paid from and limited to funds in Medical Savings Account.

Not applicable

rescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred

provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

**HOME-BASED CAR** 

Paid 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 Pre

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

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall limit.

Paid from Major Medical Benefit; no overall limit. Paid from the Major Medical Benefit, up to 100% of the LA Health Bate

Paid from and limited to funds in the Medical Savings Account.

up to the monthly CDA, whether they are on the medicine list or not.

Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria A defined basket of blood tests per pregnancy.

Up to five pre- or postnatal classes or consultations, up until two years after birth

Postnatal care: one lactation consultation with a registered nurse or lactation specialist one nutritional assessment with a dietitian, two mental healthcare consultations with a

with a registered nurse.

We will pay your approved medicine in full if it is on our medicine list (formulary), we will pay you approve interioring in this of our interior as (commany, if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay

ounsellor or psychologist and one GP or gyneacologist consultation for post-natal complications

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatmen

basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit. Paid up to a Chronic Drug Amount. Limited to:

M R11 020 (+1) R21 870

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 nor-preferred medicine list.

Not covered on this Option

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost. Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid

at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list.

### **LA COMPREHENSIVE**

This Ontion has a Maior Medical Benefit for all in-hospital and large expenses 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 most disciplines, subject to applicable limits. All planned in-hospital procedures must be

OVERALL ANNUAL LIMITS Child (max 3) R4 980 Spouse/adult R11 304 R16 584 No overall lim

Child (max 3)

AMBULANCE SERVICE Paid from Major Medical Benefit: no overall limit

Not applicable.

DENTISTRY

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

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

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

Hospital Younger than 13 years Older than 13 years Younger than 13 years **Day Clinics** 

Older than 13 years R3 370 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the

of R29 970 per person per year. IN-HOSPITAL BASIC DENTISTRY les payable by the member from own pocket Younger than 13 years Hospital Older than 13 years

Older than 13 years R3 370 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

LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit

of R15 480 for in- and out-of-hospital basic dentistry. OUT-OF-HOSPITAL SPECIALISED DENTISTRY Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R29 970 per person per year for specialised dentistry, performed

GPs AND SPECIALISTS

Paid from Medical Savings Account/Above Threshold Benefit

Paid from Medical Savings Account/Above Threshold Benefit.

Not applicable.

Paid from and limited to funds in Medical Savings Account.

in- or out-of-hospital

to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

Paid from Major Medical Benefit: no overall limit

Paid from Major Medical Benefit; no overall limit

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria

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

We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up

basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit.

Paid at 100% of the LA Health Medicine Rate for medicine that is on the Scheme's

M R5 390 (+1) R10 845 (+2) R12 555

per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied.

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

**OUT-OF-HOSPITAL BASIC DENTISTRY** Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R15 480 per person per year for basic dentistry, performed in- or

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

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

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

ibed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject

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

MATERNITY RENEFIT

Up to 8 consultations at your gynaecologist, GP or midwife.

Paid from and limited to funds in the Medical Savings Accoun

to the monthly CDA, whether they are on the medicine list or not. Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment

Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

**HOME-BASED CARE** 

Paid from Major Medical Benefit; no overall limit.

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

A defined basket of blood tests per pregnancy

Paid up to a Chronic Drug Amount, Limited to:

(+3) R14 275 (+4) R15 465 (5+) R17 000

d to funds in Medical Savings Account, paid up to 100% of the cost.

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 R10 085 (+1) R12 900 (+2) R15 550 (+3) R17 940 (+4) R20 505

Subject to authorisation. Paid at the LA Health Medicine Rate up to R228 000per person

Benefit does not accumulate up to Annual Threshold. Limited to funds in Medical Savings Account/Above Threshold Benefit and paid

clinical criteria and management by the Scheme's Designated Service

Up to five pre- or postnatal classes or consultations, up until two years after birth

MENTAL HEALTH		MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH
IN-HOSPITAL	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the	IN-HOSPITAL	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit,	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit,
Psychiatric hospitals, subject to preauthorisation and case management.	Scheme's Designated Service Provider. A 20% co-payment of the hospital account applies if the Scheme's Designated Service Provider is not used.	Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation.	subject to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.	to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.	to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.	subject to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.
OUT-OF-HOSPITAL Psychiatrists only.	Psychiatrists only. Cover subject to R4 400 Specialist Benefit.	DETOX	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.
Alcohol and drug rehabilitation.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider.	OUT-OF-HOSPITAL				Paid from Medical Savings Account/Above Threshold Benefit. Limited to R19 400 per family
Detox.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit for in-hospital care.	Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital).	Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits.	Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits.	Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits.	per year with a sub-limit of R6 450 per person for alcohol and drug rehabilitation.  Subject to Prescribed Minimum Benefits
Mental Health Care Programme.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Provider.	Mental Health Care Programme.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Designated Network GP.
ONGOLOGY (OANGED DELATED GADE)	Paid from the Major Medical Benefit.	OUGGLOOM ONNOTE DELATED AND	Paid from the Major Medical Benefit.	Paid from the Major Medical Benefit.	Paid from the Major Medical Benefit.	Paid from the Major Medical Benefit.
ONCOLOGY (CANCER-RELATED CARE)  Oncology Programme, including chemo- and radiotherapy.	Chemo- and radiotherapy provided by an oncologist in the KeyCare network, paid from the	ONCOLOGY (CANCER-RELATED CARE)  The Oncology Programme, including chemo- and radiotherapy.	ONCOLOGY (CANCER-RELATED CARE)  Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle	ONCOLOGY (CANCER-RELATED CARE)  Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle,	ONCOLOGY (CANCER-RELATED CARE)  Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle	ONCOLOGY (CANCER-RELATED CARE)  Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle,
	<ul> <li>Major Medical Benefit at 100% of the LA Health Rate, subject to the Prescribed Minimum</li> <li>Benefits. If the services of a non-network Oncologist is used voluntarily,</li> </ul>		subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R228 000. A 20% applies after this. Prescribed Minimum Benefits-related	subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R228 000. A 20% applies after this. Prescribed Minimum Benefits-related	subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R456 000. A 20% applies after this. Prescribed Minimum Benefits-related	subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-
Advanced Illness Benefit for Oncology Patients.	a 20% co-payment applies.  Subject to authorization and clinical criteria.	Oncology-related PET scans.	oncology care is paid in full without any co-payments.  Paid from the Major Medical Benefit, subject to the Oncology Threshold of R228 000.	oncology care is paid in full without any co-payments.  Paid from the Major Medical Benefit, subject to the Oncology Threshold of R228 000.	oncology care is paid in full without any co-payments.  Paid from the Major Medical Benefit, subject to the Oncology Threshold of R456 000.	related oncology care is paid in full without any co-payments.  Paid from the Major Medical Benefit, subject to the Oncology Threshold of R456 000.
Oncology-related PET Scans.	Up to a maximum of 4 scans per person per treatment cycle, subject to authorisation, clinical criteria, review and the scan being done by a Network provider.	Charactell transplants	Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation.  A 20% deductible will apply from R1, if the Designated Service Provider is not used.	Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthon.  A 20% deductible will apply from R1, if the Designated Service Provider is not used.	Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthon.  A 20% deductible will apply from R1, if the Designated Service Provider is not used.	Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation.  A 20% deductible will apply from R1, if the Designated Service Provider is not used.
Stem cell transplants.	Local bone marrow donor searches and transplants, up to the agreed rate, subject to clinical criteria, review and authorisation.	Stem cell transplants.	You have access to local bone marrow donor searches and transplant up to the agreed rate.  Your cover is subject to clinical protocols, review and approval.  Poid from Major Medical Pagentic Subject to a backet of our and positivation.	You have access to local bone marrow donor searches and transplant up to the agreed rate.  Your cover is subject to clinical protocols, review and approval.  Point from Major Medical Paperitt, Subject to a backet of agree and pointeration.	You have access to local bone marrow donor searches and transplant up to the agreed rate.  Your cover is subject to clinical protocols, review and approval.  Point from Major Medical Paperitt, Subject to a backet of agree and pointering.	You have access to local bone marrow donor searches and transplant up to the agreed rate.  Your cover is subject to clinical protocols, review and approval.  Paid from Marier Medical Paperits Subject to a backet of agree and registration.
OPTICAL Optometry consultations.	One eye test per person per year at an optometrist in the KeyCare optometry network.	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 Management Programme by the treating doctor.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.
Spectacles, frames and contact lenses (refractive eye surgery not covered on this Option).	One pair of clear mono- or bi-focal glasses or contact lenses per person every two years, from last date of service, at an Optometrist in the KeyCare Network.	Access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	Not covered on this option.	Not covered on this option.	<ul> <li>Paid at 75% of the Scheme Rate before and after the Oncology threshold of R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme- appointed panel of specialists.</li> </ul>	<ul> <li>Paid at 75% of the Scheme Rate before and after the Oncology threshold of R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-appointed panel of specialists.</li> </ul>
OTHER SERVICES		OPTICAL	OPTICAL	OPTICAL	OPTICAL	OPTICAL
IN-HOSPITAL  Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc).	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery.	Limited to funds in Medical Savings Account.  Limited to funds in Medical Savings Account.	Limited to funds in Medical Savings Account/Extended Day-to-day Benefit.  Limited to funds in Medical Savings Account/Extended Day-to-day Benefit.	Limited to funds in Medical Savings Account/Extended Day-to-day Benefit.  Limited to funds in Medical Savings Account/Extended Day-to-day Benefit.	Limited to funds in Medical Savings Account/Above Threshold Benefit.  Paid from Medical Savings Account/Above Threshold Benefit up to a limit of R4 600 per person.
OUT-OF-HOSPITAL		OTHER SERVICES	OTHER SERVICES	OTHER SERVICES	OTHER SERVICES	OTHER SERVICES
Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc).  Nursing services.	Not covered on this Option.  Not covered on this Option, except for PMBs.	IN-HOSPITAL  Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc).	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
ORGAN TRANSPLANTS	Uniformized Only at National Health I which the Committee of the Committee	OUT-OF-HOSPITAL  Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc).	Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account or Above Threshold Benefit.
Hospitalisation  Modising for improper a papersoling therepy	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.	Alternative healthcare practitioners (chiropodists, homeopaths, naturopaths and chiropractors).  Nurse practitioners.	Limited to funds in the Medical Savings Account.  Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account.  Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account.  Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account or Above Threshold Benefit.  Paid up to a limit of R11 300 per family from Medical Savings Account or Above Threshold Benefit.
Medicine for immune-suppressive therapy.  PATHOLOGY AND RADIOLOGY	As per the Prescribed Minimum Benefits formulary.	Nurse practitioners.  Unani-Tibb Therapy.	Limited to funds in the Medical savings Account.  Limited to funds in the Medical savings Account.	Limited to funds in the Medical Savings Account.  Limited to funds in the Medical savings Account.	Limited to funds in the Medical Savings Account.  Limited to funds in the Medical savings Account.	Paid up to a limit of H11 300 per family from Medical Savings Account of Above Threshold Benefit.  Limited to funds in the Medical savings Account with no accumulation to the Threshold.
IN-HOSPITAL	IN-HOSPITAL	ORGAN TRANSPLANTS	ORGAN TRANSPLANTS  No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of	ORGAN TRANSPLANTS  No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of	ORGAN TRANSPLANTS  No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of	ORGAN TRANSPLANTS  No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use
MRI and CT scans, including ultrasounds.  Subject to authorisation and referral by a KeyCare Specialist.	<ul> <li>Covered subject to a preauthorised event and scan related to the hospital admission, only at a KeyCare network hospital. If not related to the admission, limited to the Specialist Limit of R4 400 per person per year.</li> </ul>	Hospitalisation.  Medicine for immuno-suppressive therapy	the Scheme's Designated Service Provider.	the Scheme's Designated Service Provider.	the Scheme's Designated Service Provider.	of the Scheme's Designated Service Provider.
Radiology (X-rays) and pathology subject to preauthorisation.	Paid from Major Medical Benefit, subject to in-hospital Preferred Provider Network, subject to clinical criteria. If the services of the Preferred Provider is not used,	Medicine for immuno-suppressive therapy.  PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount.  PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount.  PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount.  PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount.  PATHOLOGY AND RADIOLOGY
Endocopia procedures Costrocopy, colonoscopy, sigmoidocopy, and protectory	we will pay the claim to the member, at the applicable Scheme Rate.	IN-HOSPITAL	IN-HOSPITAL	IN-HOSPITAL	IN-HOSPITAL	IN-HOSPITAL
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy.  OUT-OF-HOSPITAL	PMB cover, and cover for children 12 years and under. Subject to preauthorisation and a defined list of Network facilities. Covered from the Major Medical Benefit.  OUT-OF-HOSPITAL	MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthoristion.	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 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 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 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 Service Provider.
MRI and CT scans, including ultrasounds: Subject to authorisation and referral by a KeyCare Specialist.	Covered by Specialist Benefit up to R4 400, if referred by KeyCare GP.	PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.
Radiology (X-rays) and pathology subject to preauthorisation.	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 R4 400	Radiology (X-rays) and pathology subject to preauthorisation.  Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy,	Paid from Major Medical Benefit; no overall limit.  First R2 850 of Hospital account paid from Medical Savings Account.	Paid from Major Medical Benefit; no overall limit.  First R2 850 of Hospital account paid from Medical Savings. Remainder of scope account	Paid from Major Medical Benefit; no overall limit.  Paid from Major Medical Benefit; no overall limit.	Paid from Major Medical Benefit; no overall limit.  Paid from Major Medical Benefit; no overall limit.
Endocopia procedures Costrocopy, colonoscopy, sigmoidocopy, and prostocopy	specialist limit.  Subject to PMBs and preauthorisation. Paid from Major Medical Benefit.	subject to preauthorisation.	Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account.	paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account/Extended Day-to-day Benefit.		
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy.  PROSTHESES	Subject to Finiss and preauthorisation. Faid from high intedical benefit.	OUT-OF-HOSPITAL  MRI and CT scans, subject to preauthorisation.	OUT-OF-HOSPITAL First R2 850 of the scan paid from and limited to funds in Medical Savings Account.	OUT-OF-HOSPITAL  First R2 850 of the scan paid from and limited to funds in Medical Savings Account.	OUT-OF-HOSPITAL Paid from Major Medical Benefit; no overall limit.	OUT-OF-HOSPITAL Paid from Major Medical Benefit; no overall limit.
INTERNAL PROSTHESES  Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain	Not covered on this Option.	Radiology, (including X-rays and ultrasounds) and pathology.	Remainder of the account is paid from Major Medical Benefit.  Paid from Medical Savings Account.	Remainder of the account is paid from Major Medical Benefit.  Paid from Medical Savings Account/Extended Day-to-day Benefit.	Paid from Medical Savings Account/Extended Day-to-day Benefit.	Paid from Medical Savings Account/Above Threshold Benefit.
implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices.	The colored six and option.	Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings Account.	Scopes codes only: Paid from Major Medical Benefit. Unlimited, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings Account/Extended	Scopes codes only: Paid from Major Medical Benefit; no overall limit, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings	Scopes codes only: Paid from Major Medical Benefit; no overall limit, subject to preauthorisation. Related accounts paid from and limited to funds in Medical Savings
Other internal prostheses (subject to clinical criteria).  Cardiac stents.	Unlimited, subject to authorisation and clinical criteria. Paid up to 100% of the Scheme Rate.  Subject to authorisation and clinical criteria. Unlimited and paid in full if obtained	PROSTHESES	PROSTHESES	Day-to-day Benefit.  PROSTHESES	Account/Extended Day-to-day Benefit.  PROSTHESES	Account/Above Threshold Benefit.  PROSTHESES
Cardado do no.	from Network supplier. If supplied by a non-Network supplier, limited to R7 130 per drug-eluting stent and R6 030 per bare metal stent per admission. The hospital and related	INTERNAL PROSTHESES	INTERNAL PROSTHESES	INTERNAL PROSTHESES	INTERNAL PROSTHESES	INTERNAL PROSTHESES
MEDICAL EQUIPMENT BENEFIT	accounts cost do not accumulate to the stent limit.	Cochléar implants, implantable defibrillators, internal nerve stimulators and auditory brain implants.  Spinal devices/prostheses.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation. Unlimited and paid from the Major Medical Benefit if obtained from Designated Service Provider.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation. Unlimited and paid from the Major Medical Benefit, if obtained from Designated Service Provider.	Paid'from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation. Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provider.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation. Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provider.
Oxygen rental.	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply.	Spirial devices/prostrieses.	If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels.	If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels.	If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels.	If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for two or more levels.
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.	Shoulder replacement prostheses.	Only one procedure per year will be authorised.  Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred	Only one procedure per year will be authorised.  Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred	Only one procedure per year will be authorised.  Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred	Only one procedure per year will be authorised.  Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred
Bluetooth-enabled glucose monitoring device.	Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes.	Major joint replacements, including hip and knee replacements.	Provider. A limit of R41 700 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.	Provider. A limit of R41 700 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.	Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.	Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.
PREVENTATIVE CARE			f service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.	If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred	Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital.  If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred	<ul> <li>Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital.</li> <li>If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Scheme's Preferred</li> </ul>
Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.	Paid once per person per year, at the Scheme Rate, for one or all of the listed screening tests, if performed at the same time, or for a flu vaccination. Payable from the Major Medical Benefit only if one of the Scheme's contracted providers is used.	Other internal prostheses (subject to clinical protocols).	Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.  Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.  Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.  Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.
	LDL test, specific to Diabetes and Cholesterol, unlimited and paid from Major Medical Benefit, subject to clinical criteria.	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS
Screening Benefit at other providers: Mammogram, Pap smear, Prostate-Specific Antigen (PSA) and Colorectal cancer tests.	Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Major Medical Benefit.	Oxygen rental.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.
	Consultations, other related costs and procedures paid subject to the applicable benefits.  More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria and authorisation. One faecal occult blood test or	Crutches, wheelchairs, artificial limbs, stoma bags, etc.	Limited to funds in Medical Savings Account.	Limited to funds in Medical Savings Account.	Limited to funds in Medical Savings Account.  Not covered on this Option.	Limited to R27 750 per family with a sub-limit of R18 550 per family for hearing aids.  Paid from Medical Savings Account/Above Threshold Benefit.
Pneumococcal vaccinations.	immunochemical test every 2 years per person for persons aged 45 to 75.  One specific approved pneumococcal vaccine every 5 years for persons under the age	External medical items extender benefit.  PREVENTIVE CARE	Not covered on this Option.  PREVENTIVE CARE	Not covered on this Option.  PREVENTIVE CARE	PREVENTIVE CARE	Paid from Major Medical Benefit, subject to clinical criteria and approval.  PREVENTIVE CARE
- Trade Total State TANDER NATION NO.	of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure,	Paid once at the Scheme Rate per person per year, for one or all of the listed tests,	Paid once at the Scheme Rate per person per year, for one or all of the listed screening	Paid once at the Scheme Rate per person per year, for one or all of the listed screening	Paid once at the Scheme Rate per person per year, for one or all of the listed screening
Screening Benefit for children between the ages of 2 and 18.  Body Mass Index, including counseling if necessary, basic hearing and dental screenings;	Paid once per person per year, at the Scheme Rate, for one or all of the listed screening tests, if performed at the same time. Payable from the Major Medical Benefit only if one of	cholesterol and body mass index (BMI) or one flu vaccination.	if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used.  LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.	tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used.  LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.	tests, if performed at the same time. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used.  LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.	tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used.  LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.
and milestone tracking for children between the ages of 2 and 8 years old.  RENAL CARE  (3)	the Scheme's contracted providers is used.	Screening Benefit at other providers: Mammogram, Pap smear and Prostate-Specific Antigen (PSA) tests.	Libit test unimitied 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 Antiqen (PSA) test per person per year, paid from Major Medical Benefit.	Linited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Major Medical Benefit.	Libit test 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 Antioen (PSA) test per person per year, paid from Major Medical	Libit test unimited and paid from major invedical Benefit, subject to clinical criteria.  Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antioen (PSA) test per person per year, paid from Major Medical Benefit.
Acute and chronic dialysis, including authorised medicine to treat the condition.	Unlimited in a KeyCare Network, subject to PMB. Subject to authorisation and clinical criteria. Non-PMB treatment paid up to 100% of the Scheme Rate.	g v y	Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram	Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram	Benefit. Consultations, other related costs and procedures paid from Medical Savings Account/Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit.	Consultations, other related costs and procedures paid from Medical Savings Account/ Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit. More frequent PAP
Dialysis and other renal care-related treatment and educational care.	Not covered on this Option.		testing, MRI breast scans and once off BRCA testing subject to clinical criteria.	testing, MRI breast scans and once off BRCA testing subject to clinical criteria.	More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria.	smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria.
TERMINAL OR COMPASSIONATE CARE  Compassionate care benefit for all end-of-life care that is not cancer-related	Unlimited for PMB scope of care, but PMB claims first accumulate to the threshold limit of	Pneumococcal vaccinations.	One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	One specific approved pneumococcal vaccine every 5 years for person under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.
(in-patient and home-based care).  TRAUMA RECOVERY BENEFIT	R48 200 per person per lifetime. This limit applies for all other claims.	Screening Benefit for children between the ages of 2 and 18.  Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and	Paid once at the Scheme Rate per year, per qualifying person for one or all the listed screening tests, if performed at the same time. Payable from Major Medical Benefit only	Paid once at the Scheme Rate 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	Paid once at the Scheme Rate 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	Paid once at the Scheme Rate 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
Cover for certain medical expenses after you or your family experienced severe trauma.	Paid over and above any Diagnostic Treatment Pair PMB requirements from the Major	milestone tracking for children between the ages of 2 and 8 years old.  RENAL CARE  38	if one of the Scheme's contracted providers is used.  RENAL CARE	the Scheme's contracted providers is used.  RENAL CARE	one of the Scheme's contracted providers is used.  RENAL CARE	the Scheme's contracted providers is used.  RENAL CARE
The benefit is paid up to the end of the year following the one in which the traumatic event occurred.	Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:	Acute and chronic dialysis.	No overall limit. Benefits subject to approval of treatment plan.	No overall limit. Benefits subject to approval of treatment plan.	No overall limit. Benefits subject to approval of treatment plan.	No overall limit. Benefits subject to approval of treatment plan.
	Allied and therapeutic M R8 050 (+1) R12 150 (+2) R15 100 (-3) R18 200	Dialysis and other renal care-related treatment and educational care.	No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.	No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider	No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider	No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.
	services	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)	is not used.  TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)	is not used.  TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)
	Prescribed Medicine         M R15 750         R18 600         R22 100         R26 850	Hospice.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.
	External Medical R27 400 Appliances:	TRAUMA RECOVERY BENEFIT	TRAUMA RECOVERY BENEFIT	TRAUMA RECOVERY BENEFIT	TRAUMA RECOVERY BENEFIT	TRAUMA RECOVERY BENEFIT
	Hearing Aids R14 750	Cover for certain medical expenses after you or your family experienced severe trauma.  The benefit is paid up to the end of the year following the one in which the traumatic event	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:	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:	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:	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:
	Prosthetic limbs R85 700	occurred.	Allied and therapeutic R8 050 (+1) R12 150 (+2) R15 100 (+3+) R18 200	Allied and therapeutic  Bealthcare services  R8 050 +1 R12 150 +2 R15 100 +3 R18 200	Allied and therapeutic healthcare services R20 350 +1 R27 650 R33 700 R39 R39 100	Allied and therapeutic healthcare services R20 350 +1 R27 650 +2 R33 700 +3 R39 100
	Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.		healthcare services H8 050 (+1) R12 150 (+2) R15 100 (+3) R18 200	External Medical	External Medical	External Medical
TOTAL CONTRIBUTIONS	LA KEYPLUS TOTAL CONTRIBUTIONS		Appliances: H27 400	Appliances: H27 400	Appliances:	Appliances:
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.	Income Member Adult Child Maximum dependant for 3 child		Hearing Aids R14 750	Hearing Aids R14 750  Prescribed Medicine M R15 750 (+1) R18 600 (+2) R22 100 (+3) R26 850	Hearing Aids R20 700 Prescribed Medicine M R22 300 (+1) R27 150 (+2) R32 700 (+3) R35 650	Hearing Aids R20 700  Prescribed Medicine M R22 300 (+1) R27 150 (+2) R32 700 (*3*) R35 650
1840 to salidate it based on I your subsidy 15vol.	dependants		Prosthetic limbs R85 700	Prosthetic limbs R85 700	Prosthetic limbs R85 700	Prosthetic limbs R85 700
	R0 - R9 200     R1 145     R1 000     R419     R1 257       R9 201 - R12 700     R1 209     R1 056     R441     R1 323       R1 2 701+     R1 819     R1 619     R679     R2 037		(with no further access to the external medical items limit)	(with no further access to the external medical items limit)	(with no further access to the external medical	(with no further access to the external medical items limit)
			Benefits are paid according to general Rules applicable to this Benefit Option in terms	Benefits are paid according to general Rules applicable to this Benefit Option in terms	items limit)  Benefits are paid according to general Rules applicable to this Benefit Option in terms of	Benefits are paid according to general Rules applicable to this Benefit Option in terms of
		TOTAL CONTRIBUTIONS	of Designated Service Providers and clinical entry criteria.  LA FOCUS: TOTAL CONTRIBUTIONS	of Designated Service Providers and clinical entry criteria.  LA ACTIVE: TOTAL CONTRIBUTIONS	Designated ServiceProviders and clinical entry criteria.  LA CORE: TOTAL CONTRIBUTIONS	Designated Service Providers and clinical entry criteria.  LA COMPREHENSIVE: TOTAL CONTRIBUTIONS
To find out more, please call LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or o		Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You	Member Adult Child Maximum	Member Adult Child Maximum	Member Adult Child Maximum	Member Adult Child Maximum
and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this c Client Services 0860 103 933 or Fax 011 539 7276   www.lahealth.co.za   service@discovery.co.za. Re		will have to calculate it based on your subsidy level.	dependants	dependants	dependants	dependants
			R2 393 R1 548 R704 R2 112	R2 892 R1 944 R959 R2 877	R5 511 R4 975 R1 646 R4 938	R7 385 R5 638 R1 790 R5 370