COMPARISON 2019



LA KEYPLUS

Dentistry in-hospital

Out-of-hospita

IN-HOSPITAL

OUT-OF-HOSPITAL

Out-of-network Benefit

consultations and treatment

HOME-BASED CARE

HOSPITALS

hospital equipmen

DAY-CARE FACILITIES

INTRAVENOUS INFUSIONS

Cover during the pregnancy

MEDICINE

Prescribed/acute medicine

International clinical review consultations

Services provided by a KevCare Network GP

Services provided by a KeyCare Network GP

Casualty/outpatient Benefit (excluding facility fees)

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

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

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

Prescribed Minimum Benefit Chronic Disease List conditions subject to approval and a

Diabetes, Cardiovascular and HIV Management for persons registered on the Disease

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).

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

Includes wound care, end-of-life care, IV infusions, postnatal care, etc.

Procedures or treatment at identified day-care facilities

General Practitioners (GPs)

Dentistry out-of-hospital

ides 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 in a

OVERALL ANNUAL LIMITS	Œi		
Hospital Benefit.		No overall annual limit for care in a KeyCare Network hospital	
AMBULANCE SERVICES	₹		
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	ş		

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit Blood transfusions and blood products, subject to preauthorisation Maxillo-facial procedures: Certain severe infections, jaw-joint replacements Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to

BASIC DENTISTRY ed with no overall benefit limit, subject to a list of procedures and performed by a CONSULTATIONS 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 In-Hospital

Not covered on this Option

SPECIALISED DENTISTRY

rate. We pay other Specialists working in a KeyCare Network Hospital at the Scheme Limited to R4 050 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network). We pay Network specialists in ful at the agreed rate. If you go to a specialist without a GP referral, the account will not

to the Specialist. If you go to a Specialist without a referral, the account will not be pair. We pay Specialists with whom we have a payment arrangement in full at the arranged

Second-opinion consultation obtained from specialists at the Cleveland Clinic paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to

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

ed 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 hree visits per person per vear 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 GF per person per year. Visits to casualty units at Hospitals in the KeyCare Network, unlimited, subject to authorisation. The first R355 of the casualty unit costs 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

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

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

Unlimited, subject to preauthorisation and clinical criteria.

No overall limit and paid in full from Major Medical Benefit for treatment authorised in a KeyCare network hospital. Paid up to 70% of the Scheme Rate at a Partial Cover 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 be obtained from a DSP day-care facility

Subject to authorisation and clinical criteria, from a Network provider. A 20% coment applies to the hospital account for treatment obtained from a non-Network

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 accounts for beneficiaries who are not registered on the Programme

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

2 x 2D Ultrasound scans per pregnancy (3D and 4D scans will pay up to the Scheme A routine basket of pregnancy-related blood tests

5 Pre-or postnatal antenatal classes or visits with a registered nurse 2 Visits to a KeyCare Network GP, Paediatrician or ENT 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

Consultation with a nurse or lactation specialist

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. Subject to clinical criteria and registration on referral by the KeyCare Network GP. Limited to cover for services in a defined basket of care for the condition 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 KevCare network.

Not covered on this Option, except PMBs

Limited to R160 per hospital admission per person

OPTION DESCRIPTION

OVERALL ANNUAL LIMITS Annual Threshold Not applicable Hospital Benefit

Extended Day-to-day Benefi Not applicable

Medical Savings Account AMBULANCE SERVICES

Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation). BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Blood transfusions and blood products, subject to preauthorisation

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

Dentistry out-of-hospita

GPs AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEM

In-hospital. Out-of-hospital GP visits

to preauthorisation

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

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 virtual consultation

Out-of-network Benefit

International clinical review consultations

Casualty/outpatient Benefit (excluding facility fees)

HIV OR AIDS

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

HOSPITALS OR SERVICES INSTEAD OF HOSPITALISATION

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

Hospitals, subject to preauthorisation Private hospitals, subject to preauthorisation

MATERNITY BENEFIT

In-hospital, subject to preauthorisation

Out of hospital

Antenatal consultations at a gyneacologist, GP or midwife Ultrasound scans and prenatal screening.

Blood tests

Pre- and postnatal care

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

MEDICINE

Prescribed Minimum Benefit Chronic Disease List conditions subject to approval and a

Diabetes Programme.

Additional Chronic Conditions (ADL)

Prescribed/acute medicine.

Specialised Medicine and Technology Benefit (Subject to Prescribed Minimum Benefits).

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

prescribed or not). Take-home medicine (when discharged from hospital).

This Option has a Major Medical Benefit for all in-hospital and large expenses and medicine for Prescribed Minimum Benefit Chronic Disease List conditions. It also pays 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 he 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

LA FOCUS

No overall limit in LA Focus Network hospitals only.

Spouse/adult Child (max 3) R1 980 R6 744 R4 356

AMBULANCE SERVICES

Paid from Major Medical Benefit; no overall limi

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

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

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

IN-HOSPITAL SPECIALISED DENTISTRY Deductibles payable by the member from own pocket Hospital Younger than 13 years R1 930 Day Clinics

Younger than 13 years

Older than 13 years LA Health Rate. Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts (for non-Network dentists, anaeasthetists, etc) subject to a limit of R21 580 per

IN-HOSPITAL BASIC DENTISTRY

Younger than 13 years R1 930 Hospital Older than 13 years R4 890

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 (for non-Network dentists, anaesthetists, etc) paid from Medical Savings Account. OUT-OF-HOSPITAL SPECIALISED DENTISTRY

Basic services provided by a Network Dentist, included as part of the specialised dental care unlimited and naid 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 Savinos Account

GPs AND SPECIALISTS

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

Paid from Medical Savings Account

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

Paid from Medical Savings Account

Páid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria.

Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation Subject to preauth Not applicable

Paid from and limited to funds in Medical Savings Account.

HIV OR AIDS

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

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 Designated Service Providers.

HOSPITALS

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

Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall lim

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 and subject to registration on the Maternity Programme

Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenata . Testing (NIPT) screening, 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, with a

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT). Postnatal care: one lactation Itation with a registered nurse or lactation special one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one GP or gyneacologist consultation for post-natal complications.

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

MEDICINE

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.

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

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.

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.

LA ACTIVE

This Option has a Major Medical Benefit for all in-hospital and large expenses as well as for Prescribed Minimum Benefit Chronic Disease List cover. It also pays for some day-t day 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 preauthorised

OVERALL ANNUAL LIMITS

Not applicable.

Member

No overall limit Spouse/adult Child (max 3) R2 568

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 Deductibles payable by the member from own pocket

Hospital Younger than 13 years R1 930 Day Clinics Younger than 13 years Older than 13 years

ounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit of R21 580 per person per year.

IN-HOSPITAL BASIC DENTISTRY

Deductibles payable by the member from own pocket Younger than 13 years R1 930 Older than 13 years R4 890 Younger than 13 years R 950 Hospital Day Clinics Older than 13 years

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

OUT-OF-HOSPITAL BASIC DENTISTRY First R3 500 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 Maio Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation, facility fees and consumables.

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

Paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefit are depleted, subject to clinical criteria Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauth

Paid from and limited to funds in Medical Savings Account

Not applicable.

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

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

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

clinical criteria and management by the Scheme's Designated Service Providers.

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 and subject to

registration on the Maternity Programme Up to 8 consultations at your gynaecologist, GP or midwife

Paid from and limited to funds in the Medical Savings Account

esting (NIPT) screening, 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, with a

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT) Postnatal care: one lactation consultation with a registered nurse or lactation special

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

ment with a dietitian, two mental healthcare consultations with a

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.

Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by Determine to persons registered of it the scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria. Not covered on this Option.

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.

Not covered on this Option.

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

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

must be preauthorised. OVERALL ANNUAL LIMITS

Not applicable.

R8 748

No overall limit. Child (max 3)

R7 656

AMBULANCE SERVICE

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.

N-HOSPITAL SPECIALISED DENTISTRY payable by the member from own pocket Hospital Younger than 13 years R1 930

Day Clinics Younger than 13 years Older than 13 years R3 210 LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limi

of R28 520 per person per vear. IN-HOSPITAL BASIC DENTISTRY Deductibles payable by the member from own pocket Younger than 13 years Older than 13 years Hospital

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

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

GPs AND SPECIALISTS

Subject to preauthorisa

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 Majo Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation, facility fees

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

Pàid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefit are depleted, subject to clinical criteria Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

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

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 Designated Service Providers

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

Paid from Major Medical Benefit; no overall limit

registration on the Maternity Programme

Paid from Major Medical Benefit: no overall limit

Paid from Major Medical Benefit; no overall limit.

Up to 8 consultations at your gynaecologist, GP or midwife Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal

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

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

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT). Postnatal care: one lactation consultation with a registered nurse or lactation special ment with a dietitian, two mental healthcare consultations with counsellor or psychologist and one GP or gyneacologist consultation for post-natal complications.

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

esting (NIPT) screening, subject to clinical entry criteria

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a ormulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if nonformulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on

care and clinical criteria. Paid up to a Chronic Drug Amount. Limited to:

M R10 485 (+1) R20 810

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.

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

the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of

Not covered on this Option.

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

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

several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover through the Above Threshold Benefit, for

OVERALL ANNUAL LIMITS

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides

most disciplines, subject to applicable limits. All planned in-hospital procedures must be

cover for the Prescribed Minimum Benefit Chronic Disease List medicine, as well as

Child (max 3) R15 780 No overall limit Not applicable

R10 872 R2 748 **AMBULANCE SERVICES**

LA COMPREHENSIVE

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Younger than 13 years Older than 13 years

Younger 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

IN-HOSPITAL BASIC DENTISTRY ble by the member from own pocke Younger than 13 years
Older than 13 years

Day Clinics Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds ailable in Medical Savings Account and Above Threshold Benefit subject to joint limit of

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 R14 730 per person per year for basic dentistry, performed in- or

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

wo 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.

Subject to preauthorisation

Paid from and limited to funds in Medical Savings Account

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

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

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

Paid from Major Medical Benefit: no overall limit.

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

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

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

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a prmulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if nonformulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on

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

agistered by the Scheme's Designated Service Provider for GP related services. These enefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria.

(+3) R13 580 (+4) R14 715 (5+) R16 175

(+3) R17 070 (+4) R19 510

mited to funds in Medical Savings Account, paid up to 100% of the cost. Benefit does

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

Spouse/adult Child (max 3)

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 Deductibles payable by the member from own pocket for all specialised dentistry

Day Clinics

of R28 520 per person per yea

R14 730 for in- and out-of-hospital basic dentistry.

GPs AND SPECIALISTS

subject to a joint limit of R28 520 per person per year for specialised dentistry, performed

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

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 Rate and subject to registration on the Maternity Programme

A defined basket of blood tests per pregnancy.

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT)

one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one GP or gyneacologist consultation.

Paid up to a Chronic Drug Amount. Limited to M R5 130 (+1) R10 320 (+2) R11 945

M R9 595 (+1) R12 275 (+2) R14 795

Limited to funds in Medical Savings Account/Above Threshold Benefit and paid at 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine

Younger than 13 years

OUT-OF-HOSPITAL SPECIALISED DENTISTRY Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit,

Paid from Medical Savings Account/Above Threshold Benefi

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

Not applicable

the Threshold is reached, subject to clinical criteria.

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

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

MATERNITY BENEFIT

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.

Benefits for persons registered on the Chronic Illness Benefit for diabetes, who have been

Paid at 100% of the LA Health Medicine Rate for medicine that is on the Scheme's preferred list of medicine or at 90% for medicine that is not on the preferred list from the Medical Savings Account or Above Threshold Benefit, limited to:

R228 000 per person per year, subject to clinical entry criteria and authorisation. Members pay a variable co-payment of up to 20% based on the condition and the medicine used for

not accumulate up to Annual Threshold.

ENTAL HEALTH ONE OF THE OF TH	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at		
ychiatric hospitals, subject to preauthorisation and case management	the Scheme's Designated Service Provider. A 20% co-payment of the hospital account applies if the Scheme's Designated Service Provider is not used.		
JT-OF-HOSPITAL ychiatrists only	Psychiatrists only. Cover subject to R4 050 Specialist Benefit		
cohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at		
tox	the Scheme's Designated Service Provider. Prescribed Minimum Benefits. Three days per person paid from the Major Medical		
COLOGY (CANCER-RELATED CARE)	Benefit for in-hospital care		
cology Programme, including chemo- and radiotherapy	Chemo- and radiotherapy provided by an oncologist in the KeyCare network, paid from the Major Medical Benefit at 100% of the LA Health Rate, subject to the Prescribed Minimum Benefits. If the services of a non-network Oncologist is used voluntarily, a 20% co-payment applies.		
vanced Illness Benefit for Oncology Patients T Scans	Subject to authorization and clinical criteria Up to a maximum of 4 scans per person per treatment cycle, subject to authorisation,		
em cell transplants	clinical criteria, review and the scan being done by a Network provider. Local bone marrow donor searches and transplants, up to the agreed rate, subject to		
TICAL	clinical criteria, review and authorisation		
tometry consultations	One eye test per person per year at an optometrist in the KeyCare optometry network.		
ectacles, 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		
HER SERVICES HOSPITAL			
xilliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.		
JT-OF-HOSPITAL xilliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Not covered on this Option		
rsing services GAN TRANSPLANTS	Not covered on this Option, except for PMBs		
spitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict		
dicine for immune-suppressive therapy	clinical entry criteria and preauthorisation. As per the Prescribed Minimum Benefits formulary.		
THOLOGY AND RADIOLOGY \$\frac{\phi}{2}\$			
-HOSPITAL RI and CT scans, including ultrasounds. Subject to authorisation and referral by a	IN-HOSPITAL Covered subject to a preauthorised event and scan related to the hospital admission,		
yCare Specialist diology (X-rays) and pathology subject to preauthorisation.	only at a KeyCare network hospital. If not related to the admission, limited to the Specialist Limit of R4 050 per person per year. 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, we will pay the claim to the member, at the applicable Scheme Rate.		
doscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, oject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits		
JT-OF-HOSPITAL	OUT-OF-HOSPITAL Covered by Specialist Boooff up to P4 050, if referred by KoyCorp CP		
RI and CT scans, including ultrasounds: Subject to authorisation and referral by a yCare Specialist	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.		
diology (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 050 specialist limit.		
doscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, oject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits		
OSTHESES 💝			
TERNAL PROSTHESES chlear implants, implantable defibrillators, internal nerve stimulators and auditory brain plants, spinal devices and prostheses, shoulder replacement prostheses, major joint placement devices, including hip and knee replacement devices	Not covered on this Option		
ner internal prostheses (subject to clinical criteria)	Unlimited, subject to authorisation and clinical criteria. Paid up to 100% of the Scheme Rate		
rdiac stents	Subject to authorisation and clinical criteria. Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to R6 825 per drugeluting stent and R5 775 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.		
TERNAL MEDICAL ITEMS ygen rental	EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. If the Designated Service		
utches, wheelchairs, artificial limbs, stoma bags, etc.	Provider is not used, a 20% co-payment will apply Mobility benefits: R5 400 per family from the Scheme's Designated Service Provider.		
uetooth-enabled glucose monitoring device	If the Designated Service Provider is not used, then no benefit will be payable Subject to authorisation and clinical criteria and limited to one device per qualifying		
EVENTATIVE CARE	person who is registered on the Chronic Illness Benefit for Diabetes		
armacy screening benefit at a network pharmacy: blood glucose, blood pressure, olesterol 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. HbA1C and LDL tests, specific to Diabetes and Cholesterol, unlimited and paid from Major Medical Benefit, subject to clinical criteria.		
reening Benefit at other providers: Mammogram, Pap smear and prostate-specific ligen tests	Major Medical Benefit, subject to clinical criteria. Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. 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.		
eumococcal vaccinations	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.		
reening Benefit for children between the ages of 2 and 18 dy Mass Index, including counseling if necessary, basic hearing and dental screenings; d milestone tracking for children between the ages of 2 and 8 years old	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 the Scheme's contracted providers is used.		
NAL CARE Ute and chronic dialysis, including authorised medicine to treat the condition	Unlimited in a KeyCare Network, subject to PMB. Subject to authorisation and clinical		
alysis and other renal care-related treatment and educational care	criteria. Non-PMB treatment paid up to 100% of the Scheme Rate Not covered on this Option		
RMINAL OR COMPASSIONATE CARE Impassionate care benefit for all end-of-life care that is not cancer-related (in-patient d home-based care)	Unlimited for PMB scope of care, but PMB claims first accumulate to the threshold limit of R44 050 per person per lifetime. This limit applies for all other claims.		
AUMA RECOVERY BENEFIT ver 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		
e benefit is paid up to the end of the year following the one in which the traumatic ent occurred.	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 MR 7 350 41 R11 100 R13 800 R16 650		
	services		
	Prescribed Medicine M R14 400 R17 000 R20 200 R24 550		
	External Medical		
	Appliances:		
	B27 400		
	Appliances: H27 400		
	Appliances: Hearing Aids R14 100		
	Appliances: Hearing Aids R14 100 Prosthetic limbs R82 000 Benefits are paid according to general Rules applicable to this Benefit Option in terms		
TAL CONTRIBUTIONS	Appliances: Hearing Aids R14 100 Prosthetic limbs R82 000 Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria LA KEYPLUS TOTAL CONTRIBUTIONS		
TAL CONTRIBUTIONS member: If you get a subsidy, you will only have to pay a portion of this contribution. u will have to calculate it based on your subsidy level.	Appliances: Hearing Aids R14 100 Prosthetic limbs R82 000 Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria LA KEYPLUS TOTAL CONTRIBUTIONS Income Member Adult Child Maximum for 3 child		
member: If you get a subsidy, you will only have to pay a portion of this contribution.	Appliances: Hearing Aids R14 100 Prosthetic limbs R82 000 Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria LA KEYPLUS TOTAL CONTRIBUTIONS Income Member Adult Child Maximum		

MENTAL HEALTH
IN-HOSPITAL
Psychiatric hospitals, subject to preauthorisation and case management (in-hoalcohol and drug rehabilitation.
DETOX
OUT-OF-HOSPITAL
Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital).

The Oncology Programme, including chemo- and radiotherapy.

ONCOLOGY (CANCER-RELATED CARE)

PET scans.

IN-HOSPITAL

Shoulder replacement prostheses.

EXTERNAL MEDICAL ITEMS

External medical items extender benefi

Oxygen rental.

PREVENTIVE CARE

Pneumococcal vaccinations

Acute and chronic dialysis.

TRAUMA RECOVERY BENEFIT

TOTAL CONTRIBUTIONS

You will have to calculate it based on your subsidy level

RENAL CARE

Hospice.

Other internal prostheses (subject to clinical protocols).

Crutches, wheelchairs, artificial limbs, stoma bags, etc.

Screening Benefit for children between the ages of 2 and 18

Dialysis and other renal care-related treatment and educational care

TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.

Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific

Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old.

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

Remember: If you get a subsidy, you will only have to pay a portion of this contribution

tures, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

not used, a 20% co-payment will apply to the hospital account Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit. Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits ONCOLOGY (CANCER-RELATED CARE) ed from benefits in the Oncology Programme. No overall limit in a 12-month of 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% co-payment applies after this, Prescribed Minimum Benefits-related oncology care is paid in full without any co-No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used. You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval. Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by

MENTAL HEALTH

the treating doctor.

OTHER SERVICES

ORGAN TRANSPLANTS

IN-HOSPITAL

OUT-OF-HOSPITAL

PATHOLOGY AND RADIOLOGY

Limited to funds in Medical Savings Account.

Limited to funds in 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

of the Scheme's Designated Service Provider

As per Chronic Illness Benefit Chronic Drug Amoun

Paid from Major Medical Benefit: no overall limit.

and limited to funds in Medical Savings Account

Paid from Medical Savings Account.

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

No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use

Remainder of scope account paid from Major Medical Benefit. Related accounts paid from

First R2 700 of the scan paid from and limited to funds in Medical Savings Account.

Paid from Major Medical Benefit up to R223 700 per person per year subject to

Unlimited and paid from the Major Medical Benefit if obtained from Designated Service Pro

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

First R2 700 of Hospital account paid from Medical Savings Account.

Paid from Major Medical Benefit, Unlimited, subject to preauthorisation.

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

OPTICAL

Prescribed Minimum Benefits, 21 days per person, paid from Major Medical Benefit, subject to

Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital. OPTICAL

Optometry consultations Spectacles, frames, contact lenses and refractive eye surgery OTHER SERVICES IN-HOSPITAL

Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc). OUT-OF-HOSPITAL Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc). Nurse practitioners Unani-Tibb Therapy

ORGAN TRANSPLANTS Medicine for immuno-suppressive therapy PATHOLOGY AND RADIOLOGY

MRI and CT scans, including ultrasounds: Must be referred by specialist and subject Radiology (X-rays) and pathology subject to preauthorisation.

Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation. **OUT-OF-HOSPITAL**

MRI and CT scans, subject to preauthorisation Radiology, (including X-rays and ultrasounds) and pathology. Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy

PROSTHESES INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain Spinal devices/prosthese

If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 for Only one procedure per year will be authorised Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used. Major joint replacements, including hip and knee replacements.

PROSTHESES

INTERNAL PROSTHESES

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

Paid from Major Medical Benefit subject to preauthorisation and clinical criteria. EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation

and covered from Major Medical Benefit. Limited to funds in Medical Savings Account

Not covered on this Option

PREVENTIVE CARE

RENAL CARE

Paid once at the Scheme Rate per person per year, for one or all of the listed tests, performed at the same time or a flu vaccination. Payable from Major Medical Benefit only HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.

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

Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit 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 if one of the Scheme's contracted providers is used.

No overall limit. Benefits subject to approval of treatment plan 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

TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry TRAUMA RECOVERY BENEFIT

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 R 7 350 (41) R11 100 (42) R13 800 (43) R16 650 External Medical Appliances: R14 100 Hearing Aids Prescribed Medicine M R14 400 (+1) R17 000 (+2) R20 200 (+3+) R24 550 Prosthetic limbs (with no further access to the external medical items limit)

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

Designated Ser	vice Providers and clinica	ai entry criteria.	
LA FOCUS: TOTA	AL CONTRIBUTIONS		
Member	Adult	Child dependant	Maximum for 3 child dependants
R2 247	R1 453	R 661	R1 983

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

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

ONCOLOGY (CANCER-RELATED CARE)

overed from benefits in the Oncology Programme. No overall limit in a 12-month cycle 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% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-pay

No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used

You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval. Paid from Maior Medical Benefit

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

OPTICAL

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

OTHER SERVICES

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

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

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

As per Chronic Illness Benefit Chronic Drug Amount

PATHOLOGY AND RADIOLOGY

IN-HOSPITAL

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

Paid from Major Medical Benefit: no overall limit First R2 700 of Hospital account paid from Medical Savings. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in

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

First R2 700 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Bene Paid from Medical Savings Account/Extended Day-to-day Benefit.

Paid from Major Medical Benefit. Unlimited, subject to preauthorisation

INTERNAL PROSTHESES

Paid from Major Medical Benefit up to R223 700 per person per year subject to

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

Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of 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 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 Preferred Provider and limited to R30 000 per device, if obtained from a non-Preferred

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

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit

Limited to funds in Medical Savings Account

Not covered on this Option

PREVENTIVE CARE

Paid once at the Scheme Rate per person per year, for one or all of the listed s tests, if performed at the same time or a flu vaccination. Payable from Major Medical Senefit only if one of the Scheme's contracted providers is used HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.

Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit Consultations, other related costs and procedures paid from Medical Savings Accoun unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogran testing, MRI breast scans and once off BRCA testing subject to clinical criteria.

Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit. Paid once at the Scheme Rate per year, per qualifying person for one or all of the listed

raid office at the Scheme hate per year, per quantitying person for one of all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used.

No overall limit. Benefits subject to approval of treatment plan.

TRAUMA RECOVERY BENEFIT

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

TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

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

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

Allied and therapeutic R 7 350 (+1) R11 100 (+2) R13 800 (+3) R16 650 Appliances: R14 100 Hearing Aids Prescribed Medicine M R14 400 (+1) R17 000 (+2) R20 200 (+3) R24 550 Prosthetic limbs R82 000 (with no further access to the external medical items limit)

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

LA ACTIVE: TOTAL CONTRIBUTIONS Member for 3 child dependants R 892 R2 690 R1 808 R2 676

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

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

Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate o a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Design

Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used You have access to local and international bone marrow donor searches and transplant up

to the agreed rate. Your cover is subject to clinical protocols, review and approval Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme

by the treating doctor.

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

Limited to funds in the Medical savings Account.

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

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

Limited to funds in the Medical Savings Account. Limited to funds in the Medical Savings Account Limited to funds in the Medical Savings Account.

No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use

of the Scheme's Designated Service Provider As per Chronic Illness Benefit Chronic Drug Amount

IN-HOSPITAL Paid from Major Medical Benefit: no overall limit, subject to preauthoris pathology subject to the use of the services of the Scheme's Designated

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

OUT-OF-HOSPITAL

Paid from Major Medical Benefit; no overall limit.

Paid from Medical Savings Account/Extended Day-to-day Benefit. Paid from Major Medical Benefit: no overall limit, subject to preauthorisation

INTERNAL PROSTHESES Paid from Major Medical Benefit up to R223 700 per person per year, subject to

If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000 Only one procedure per year will be authorised

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

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

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

Limited to funds in Medical Savings Account.

Not covered on this Option

RENAL CARE

R5 056

Paid once at the Scheme Rate per person per year, for one or all of the listed scre tests, if performed at the same time. Payable from Major Medical Benefit only if one of the HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.

Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Ben Consultations, other related costs and procedures paid from Medical Savings Accoun Extended Day-to-day Renefit Linless it is a Prescribed Minimum Renefit More frequen AP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria.

Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit. 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 the Scheme's contracted providers is used.

No overall limit. Benefits subject to approval of treatment plan.

following limits for the benefits listed below:

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 Provide is not used.

TERMINAL CARE BENEFIT (E Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry

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

healthcare services External Medical Appliances: Hearing Aids R19 800 Prescribed Medicine M R20 400 (1) R24 800 (2) R29 900 (3) R32 600 R82 000 Prosthetic limbs (with no further access to the external medical items limit)

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

R1 510

R4 530

LA CORE: TOTAL CO Member Adult for 3 child dependants

R4 565

to a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments. No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply

if the Designated Service Provider is not used ou have access to local and international bone marrow donor searches and transplant up

Prescribed Minimum Benefits, 21 days per person, paid from Maior Medical Benefit, subject

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

overed from benefits in the Oncology Programme. No overall limit in a 12-month cycle

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

Paid from Medical Savings Account/Above Threshold Benefit. Limited to R18 450 per family per year with a sub-limit of R6 150 per person for alcohol and drug rehabilitation. Subject to

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

to the agreed rate. Your cover is subject to clinical protocols, review and approval. Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.

OPTICAL Limited to funds in Medical Savings Account/Above Threshold Benefit.

MENTAL HEALTH

ONCOLOGY (CANCER-RELATED CARE)

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

OTHER SERVICES

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

Limited to funds in the Medical Savings Account or Above Threshold Benefit. Limited to funds in the Medical Savings Account or Above Threshold Benefit.

Limited to funds in the Medical savings Account with no accumulation to the Threshold

Paid up to a limit of R10 750 per family from Medical Savings Account or Above Threshold Benefit.

No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of

As per Chronic Illness Benefit Chronic Drug Amount PATHOLOGY AND RADIOLOGY

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

the Scheme's Designated Service Provider

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

OUT-OF-HOSPITAL

IN-HOSPITAL

Paid from Major Medical Benefit; no overall limit.

Paid from Medical Savings Account/Above Threshold Benefit. Paid from Major Medical Benefit; no overall limit, subject to preauthorisation

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

INTERNAL PROSTHESES

Paid from Major Medical Benefit up to R223 700 per person per year, subject to

Unlimited and paid from Major Medical Benefit if obtained from Designated Service Pro 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. Only one procedure per year will be authorise

Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred. 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. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to

ne hospital account. Devices for hip or knee replacements unlimited from the Scheme Preferred Provider and limited to R30 000 per device, if obtained from a non-Preferred

Limited to R26 400 per family with a sub-limit of R17 650 per family for hearing aids.

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

Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit

Paid from Medical Savings Account/Above Threshold Benefi

Paid from Major Medical Benefit, subject to clinical criteria and approval.

PREVENTIVE CARE

Paid once at the Scheme Rate per person per year, for one or all of the listed scree 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 HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical

Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Majo 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 near and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria.

Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit. 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 the Scheme's contracted providers is used. **RENAL CARE**

No overall limit. Benefits subject to approval of treatment plan. 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

TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteri

TRAUMA RECOVERY BENEFIT

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 R18 600 (4) R25 250 (4) R30 800 (4) R35 700

External Medical Appliances: Hearing Aids R19 800 Prescribed Medicine M R20 400 (+1) R24 800 (+2) R29 900 (+3+) R32 600 Prosthetic limbs R82 000 (with no further access to the external medica

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

LA COMPREHENSIVE: TOTAL CONTRIBUTIONS Member Adult

R6 775

R5 173 R1 642 Client Services 0860 103 933 or Fax 011 539 7276 | www.lahealth.co.za | service@discovery.co.za

for 3 child

R4 926