

OPTION COMPARISON 2019



LA KEYPLUS

This Option provides 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 Network hospital.

OVERALL ANNUAL LIMITS	<p>Annual Threshold.</p>
Hospital Benefit.	No overall annual limit for care in a KeyCare Network hospital (for authorisation).
Extended Day-to-day Benefit.	
Medical Savings Account.	
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	
Blood transfusions and blood products, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
DENTISTRY	
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
Dentistry in-hospital.	Not covered on this Option.
Dentistry out-of-hospital.	Not covered on this Option.
SPECIALISED DENTISTRY	
Dentistry out-of-hospital.	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	
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 to 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 050 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network). We pay Network specialists in full at the agreed rate. If you go to a specialist without a GP referral, the account will not be paid.
International clinical review consultations	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 preauthorisation.
General Practitioners (GPs)	
IN-HOSPITAL	No overall limit, paid in full only if the services of a KeyCare Network GP is used.
Services provided by a KeyCare Network GP	
OUT-OF-HOSPITAL	
Services provided by a KeyCare Network GP	Covered with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary, authorisation is required for those additional visits. Only at the member's chosen GP working in the KeyCare network. Unscheduled, emergency visits, limited to three visits per person per year at member's chosen GP.
Out-of-network Benefit	Four out-of-network GP visits per person per year and 4 each of selected blood tests, X-rays and acute medicines (subject to a formulary) requested by the non-network GP, per person per year.
Casualty/outpatient Benefit (excluding facility fees)	Visits to casualty units at Hospitals in the KeyCare Network, unlimited, subject to authorisation. The first R305 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
HIV OR AIDS	
HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment	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.
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	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 Care Network Hospital. 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
DAY-CARE FACILITIES	
Procedures or treatment at identified day-care facilities	Unlimited, subject to preauthorisation and clinical criteria. The specific services must be obtained from a DSP day-care facility.
INTRAVENOUS INFUSIONS	
Administration of defined intravenous infusions and medicine used during the procedure	Subject to authorisation and clinical criteria, from a Network provider. A 20% co-payment applies to the hospital account for treatment obtained from a non-Network provider.
HOSPITALISATION FOR MEMBERS WITH ONE OR MORE CHRONIC CONDITIONS	
Non-emergency hospital admissions for certain members with one or more significant chronic conditions	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
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	8 Antenatal consultations with the chosen GP, gynaecologist or midwife, subject to applicable limits 1 Prenatal screening or Non Invasive Prenatal Testing (NIPT), 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) 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 Gynaecologist'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 1 Consultation with a nurse or lactation specialist
MEDICINE	
Prescribed Minimum Benefit Chronic Disease List conditions subject to approval and a defined list of conditions.	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
Diabetes, Cardiovascular and HIV Management for persons registered on the Disease Management Programme	Covered with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network.
Prescribed/acute medicine.	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.	Not covered on this Option, except PMBs
Take-home medicine (when discharged from hospital).	Limited to R160 per hospital admission per person

OPTION DESCRIPTION

OVERALL ANNUAL LIMITS	<p>Annual Threshold.</p>				
Hospital Benefit.	No overall limit in LA Focus Network hospitals only.				
Extended Day-to-day Benefit.	Not applicable.				
Medical Savings Account.					
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					
Blood transfusions and blood products, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
DENTISTRY					
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
Dentistry in-hospital.	Dentistry in-hospital.				
IN-HOSPITAL SPECIALISED DENTISTRY					
Deductibles payable by the member from own pocket					
Hospital	<table border="1"> <tr> <td>Younger than 13 years</td> <td>R1 930</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 890</td> </tr> </table>	Younger than 13 years	R1 930	Older than 13 years	R4 890
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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 specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts (for non-Network 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					
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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: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEMENT					
In-hospital.					
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 under younger from a network paediatrician consulted in the six months before the virtual consultation.					
International clinical review consultations					
Out-of-network Benefit.					
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 gynaecologist, 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.					
Other healthcare services for the mother.					
Doulas.					
MEDICINE					
All Prescribed Minimum Benefit Chronic Disease List conditions subject to approval and a defined list of conditions.					
Diabetes Programme.					
Additional Chronic Conditions (ACL).					
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).					

LA FOCUS

OVERALL ANNUAL LIMITS	<p>Annual Threshold.</p>				
Hospital Benefit.	No overall limit in LA Focus Network hospitals only.				
Extended Day-to-day Benefit.	Not applicable.				
Medical Savings Account.					
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					
Blood transfusions and blood products, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
DENTISTRY					
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
Dentistry in-hospital.	Dentistry in-hospital.				
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IN-HOSPITAL BASIC DENTISTRY					
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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: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEMENT					
In-hospital.					
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 under younger from a network paediatrician consulted in the six months before the virtual consultation.					
International clinical review consultations					
Out-of-network Benefit.					
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 gynaecologist, 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.					
Other healthcare services for the mother.					
Doulas.					
MEDICINE					
All Prescribed Minimum Benefit 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

OVERALL ANNUAL LIMITS	<p>Annual Threshold.</p>				
Hospital Benefit.	No overall limit.				
Extended Day-to-day Benefit.	Not applicable.				
Medical Savings Account.					
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					
Blood transfusions and blood products, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
DENTISTRY					
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
Dentistry in-hospital.	Dentistry in-hospital.				
IN-HOSPITAL SPECIALISED DENTISTRY					
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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 R28 520 per person per year.					
IN-HOSPITAL BASIC DENTISTRY					
Deductibles payable by the member from own pocket					
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OUT-OF-HOSPITAL SPECIALISED DENTISTRY					
Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and limited to funds in Medical Savings Account and Extended Day-to-day Benefit.					
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, once the Medical Savings Account has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables.					
Paid from Medical Savings Account/Extended Day-to-day Benefit.					
Virtual paediatrician consultations for children aged 14 years and under younger from a network paediatrician consulted in the six months before the virtual consultation.					
International clinical review consultations					
Out-of-network Benefit.					
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 gynaecologist, 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.					
Other healthcare services for the mother.					
Doulas.					
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/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 the cost.					
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.					

LA CORE

OVERALL ANNUAL LIMITS	<p>Annual Threshold.</p>				
Hospital Benefit.	No overall limit.				
Extended Day-to-day Benefit.	Not applicable.				
Medical Savings Account.					
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					
Blood transfusions and blood products, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
DENTISTRY					
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.				
Dentistry in-hospital.	Dentistry in-hospital.				
IN-HOSPITAL SPECIALISED DENTISTRY					
Deductibles payable by the member from own pocket					
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IN-HOSPITAL BASIC DENTISTRY					
Deductibles payable by the member from own pocket					
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OUT-OF-HOSPITAL SPECIALISED DENTISTRY					
Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and limited to funds in Medical Savings Account and Extended Day-to-day Benefit.					
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 Major Medical Benefit once the 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 Medical Savings Account/Extended Day-to-day Benefit.					
Virtual paediatrician consultations for children aged 14 years and under younger from a network paediatrician consulted in the six months before the virtual consultation.					
International clinical review consultations					
Out-of-network Benefit.					
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, etc					
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 gynaecologist, GP or midwife.					
Ultrasound scans and prenatal screening.					
Blood tests.					
Pre- and postnatal care.					
GP and specialist care for					

MENTAL HEALTH	
IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at 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.
OUT-OF-HOSPITAL Psychiatrists only Alcohol and drug rehabilitation	Psychiatrists only. Cover subject to R4 050 Specialist Benefit Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit for in-hospital care
DETOX	Subject to authorisation and clinical criteria
ONCOLOGY (CANCER-RELATED CARE)	
Oncology 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.
Advanced Illness Benefit for Oncology Patients	Subject to authorisation and clinical criteria
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.
Stem cell transplants	Local bone marrow donor searches and transplants, up to the agreed rate, subject to clinical criteria, review and authorisation
OPTICAL	
Optomety consultations Spectacles, frames and contact lenses (refractive eye surgery not covered on this Option)	One eye test per person per year at an optometrist in the KeyCare optometry network. One pair of clear mono- or bi-focal glasses or contact lenses per person every two years, from last date of service, at an Optometrist in the KeyCare Network
OTHER SERVICES	
IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) Nursing services	Not covered on this Option Not covered on this Option, except for PMBs
ORGAN TRANSPLANTS	
Hospitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.
Medicine for immune-suppressive therapy	As per the Prescribed Minimum Benefits formulary.
PATHOLOGY AND RADIOLOGY	
IN-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist	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 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.
Radiology (X-rays) and pathology subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	
OUT-OF-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
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 050 specialist limit.
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
PROSTHESES	
INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices Other internal prostheses (subject to clinical criteria)	Not covered on this Option
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 from Network supplier. If supplied by a non-Network supplier, limited to R6 825 per drug-eluting stent and R5 775 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.
EXTERNAL MEDICAL ITEMS Oxygen rental Crutches, wheelchairs, artificial limbs, stoma bags, etc.	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply 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 Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes
Bluetooth-enabled glucose monitoring device	
PREVENTATIVE CARE	
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. HbA1C and LDL tests, specific to Diabetes and Cholesterol, unlimited and paid from Major Medical Benefit, subject to clinical criteria.
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests	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.
Pneumococcal vaccinations	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.
Screening Benefit for children between the ages of 2 and 18 Body Mass Index, including counselling if necessary, basic hearing and dental screenings; and 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.
RENAL CARE 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
Dialysis and other renal care-related treatment and educational care	Not covered on this Option
TERMINAL OR COMPASSIONATE CARE Compassionate care benefit for all end-of-life care that is not cancer-related (in-patient and 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.
TRAUMA RECOVERY BENEFIT 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 occurred.	Paid over and above any Diagnostic Treatment Pair PMB requirements from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services	R 7 350 R 11 100 R 13 800 R 16 650
Prescribed Medicine	R 14 400 R 17 000 R 20 200 R 24 550
External Medical Appliances:	R 27 400
Hearing Aids	R 14 100
Prosthetic limbs	R 82 000
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 dependant Maximum for 3 child dependants
R0 – R8 700	R 075 R 939 R 993 R 179
R8 701 – R12 000	R 135 R 992 R 114 R 242
R12 001+	R 1708 R 1520 R 638 R 914

MENTAL HEALTH	
IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.
DETOX	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.
OUT-OF-HOSPITAL 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
ONCOLOGY (CANCER-RELATED CARE)	
The Oncology Programme, including chemo- and radiotherapy.	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 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-payments.
PET scans.	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.
Stem cell transplants.	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.
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.
OPTICAL	
Optomety consultations Spectacles, frames, contact lenses and refractive eye surgery.	Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery.
OTHER SERVICES	
IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) Nurse practitioners Unani-Tibb Therapy	Not covered on this Option Not covered on this Option, except for PMBs
ORGAN TRANSPLANTS	
Hospitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.
Medicine for immuno-suppressive therapy.	As per Chronic Illness Benefit Chronic Drug Amount.
PATHOLOGY AND RADIOLOGY	
IN-HOSPITAL MRI and CT scans, including ultrasounds. Must be referred by specialist and subject to preauthorisation.	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
Radiology (X-rays) and pathology subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	
OUT-OF-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
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 050 specialist limit.
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
PROSTHESES	
INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices Spinal devices/prostheses.	Not covered on this Option
Shoulder replacement prostheses.	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 from Network supplier. If supplied by a non-Network supplier, limited to R6 825 per drug-eluting stent and R5 775 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.
Major joint replacements, including hip and knee replacements.	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply 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 Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes
Other internal prostheses (subject to clinical protocols).	
EXTERNAL MEDICAL ITEMS Oxygen rental Crutches, wheelchairs, artificial limbs, stoma bags, etc.	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.
External medical items extender benefit.	Not covered on this Option.
PREVENTIVE CARE	
Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.	Paid once at the Scheme Rate per person per year, for one or all of the listed 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 criteria.
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests	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, unless 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.
Pneumococcal vaccinations.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.
Screening Benefit for children between the ages of 2 and 18 Body Mass Index, including counselling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old.	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 Acute and chronic dialysis.	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.
Dialysis and other renal care-related treatment and educational care.	Not covered on this Option
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Hospice.	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.
TRAUMA RECOVERY BENEFIT 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 occurred.	Paid over and above any Diagnostic Treatment Pair PMB requirements from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services	R 7 350 R 11 100 R 13 800 R 16 650
External Medical Appliances:	R 27 400
Hearing Aids	R 14 100
Prescribed Medicine	R 14 400 R 17 000 R 20 200 R 24 550
Prosthetic limbs (with no further access to the external medical items limit)	R 82 000
Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.	
LA FOCUS: TOTAL CONTRIBUTIONS	
Member	Adult Child dependant Maximum for 3 child dependants
R2 247	R 1 453 R 661 R 983

MENTAL HEALTH	
IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.
DETOX	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.
OUT-OF-HOSPITAL 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
ONCOLOGY (CANCER-RELATED CARE)	
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 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-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.	
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.	
OPTICAL	
Optomety consultations Spectacles, frames, contact lenses and refractive eye surgery.	Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery.
OTHER SERVICES	
IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) Nurse practitioners Unani-Tibb Therapy	Not covered on this Option Not covered on this Option, except for PMBs
ORGAN TRANSPLANTS	
Hospitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.
Medicine for immuno-suppressive therapy.	As per Chronic Illness Benefit Chronic Drug Amount.
PATHOLOGY AND RADIOLOGY	
IN-HOSPITAL MRI and CT scans, including ultrasounds. Must be referred by specialist and subject to preauthorisation.	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
Radiology (X-rays) and pathology subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	
OUT-OF-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
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 050 specialist limit.
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
PROSTHESES	
INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices Spinal devices/prostheses.	Not covered on this Option
Shoulder replacement prostheses.	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 from Network supplier. If supplied by a non-Network supplier, limited to R6 825 per drug-eluting stent and R5 775 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.
Major joint replacements, including hip and knee replacements.	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply 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 Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes
Other internal prostheses (subject to clinical protocols).	
EXTERNAL MEDICAL ITEMS Oxygen rental Crutches, wheelchairs, artificial limbs, stoma bags, etc.	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.
External medical items extender benefit.	Not covered on this Option.
PREVENTIVE CARE	
Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.	Paid once at the Scheme Rate per person per year, for one or all of the listed 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 criteria.
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests	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, unless 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.
Pneumococcal vaccinations.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.
Screening Benefit for children between the ages of 2 and 18 Body Mass Index, including counselling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old.	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 Acute and chronic dialysis.	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.
Dialysis and other renal care-related treatment and educational care.	Not covered on this Option
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Hospice.	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.
TRAUMA RECOVERY BENEFIT 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 occurred.	Paid over and above any Diagnostic Treatment Pair PMB requirements from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services	R 7 350 R 11 100 R 13 800 R 16 650
External Medical Appliances:	R 27 400
Hearing Aids	R 14 100
Prescribed Medicine	R 14 400 R 17 000 R 20 200 R 24 550
Prosthetic limbs (with no further access to the external medical items limit)	R 82 000
Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.	
LA FOCUS: TOTAL CONTRIBUTIONS	
Member	Adult Child dependant Maximum for 3 child dependants
R2 247	R 1 453 R 661 R 983

MENTAL HEALTH	
IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.
DETOX	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.
OUT-OF-HOSPITAL 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
ONCOLOGY (CANCER-RELATED CARE)	
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 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-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.	
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.	
OPTICAL	
Optomety consultations Spectacles, frames, contact lenses and refractive eye surgery.	Optometry consultations. Spectacles, frames, contact lenses and refractive eye surgery.
OTHER SERVICES	
IN-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
OUT-OF-HOSPITAL Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc) Nurse practitioners Unani-Tibb Therapy	Not covered on this Option Not covered on this Option, except for PMBs
ORGAN TRANSPLANTS	
Hospitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.
Medicine for immuno-suppressive therapy.	As per Chronic Illness Benefit Chronic Drug Amount.
PATHOLOGY AND RADIOLOGY	
IN-HOSPITAL MRI and CT scans, including ultrasounds. Must be referred by specialist and subject to preauthorisation.	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
Radiology (X-rays) and pathology subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	
OUT-OF-HOSPITAL MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
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 050 specialist limit.
Endoscopic procedures: Gastrosocopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
PROSTHESES	
INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices Spinal devices/prostheses.	Not covered on this Option
Shoulder replacement prostheses.	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 from Network supplier. If supplied by a non-Network supplier, limited to R6 825 per drug-eluting stent and R5 775 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.
Major joint replacements, including hip and knee replacements.	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply 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 Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes
Other internal prostheses (subject to clinical protocols).	
EXTERNAL MEDICAL ITEMS Oxygen rental Crutches, wheelchairs, artificial limbs, stoma bags, etc.	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.
External medical items extender benefit.	Not covered on this Option.
PREVENTIVE CARE	
Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.	Paid once at the Scheme Rate per person per year, for one or all of the listed 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 criteria.
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests	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, unless 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.
Pneumococcal vaccinations.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.
Screening Benefit for children between the ages of 2 and 18 Body Mass Index, including counselling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old.	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 Acute and chronic dialysis.	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.
Dialysis and other renal care-related treatment and educational care.	Not covered on this Option
TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Hospice.	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.
TRAUMA RECOVERY BENEFIT 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 occurred.	Paid over and above any Diagnostic Treatment Pair PMB requirements from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
Allied and therapeutic healthcare services	R 7 350 R 11 100 R 13 800 R 16 650
External Medical Appliances:	R 27 400
Hearing Aids	R 14 100
Prescribed Medicine	R 14 400 R 17 000 R 20 200 R 24 550
Prosthetic limbs (with no further access to the external medical items limit)	R 82 000
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	Adult Child dependant Maximum for 3 child dependants
R2 690	R 1 808 R 892 R 676

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