LA Health
Powered by Discovery

LA KEYPLUS

2020

ABOUT THIS **BENEFIT OPTION**

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

The LA KeyPlus Option provides hospital cover, Prescribed Minimum Benefit Chronic Disease List cover and Day-to-day medical expense benefits. The KeyCare Network of hospitals is the Designated Service Provider for non-emergency and other procedures. Some care will only be allowed at one of the approved Day Care facilities. When members use the services of providers in the KeyCare Primary Care Network for GP and other care, they have full cover.

Prescribed Minimum Benefits are paid at cost, subject to clinical criteria and the use of the services of the Scheme's Designated Service Providers. Non-PMB Benefits are paid up to 100% of the Scheme Rate, subject to clinical criteria, the use of the Scheme's Designated Providers and applicable limits.

We cover you in an emergency

LA KeyPlus covers you for emergency transport, when you need it. We pay for this service from the Major Medical Benefit and there is no overall limit. Call Discovery 911 for authorisation.

Cover for GPs and specialists in- and out-of-hospital

When you're admitted to a hospital in the KeyPlus Network, no overall limit applies. We pay up to 100% of the Direct Payment Arrangement Rate for specialists at a KeyCare hospital who have agreed to these rates. We pay up to 100% of the LA Health Rate for all other specialists working in a hospital in the KeyPlus Network.

Out-of-hospital GP visits and selected small procedures are unlimited at your chosen GP working in the Designated Service Provider Network, but you have to get authorisation if you need to go to the GP more than 15 times in a year, from the 15th visit onwards. For unscheduled emergency visits we pay for three visits per person per year at your chosen GP.

The Out-of-network Benefit pays for four GP visits per person per year, and selected blood tests, X-rays and acute formulary medicine requested by the non-network GP.

You have cover of R4 400 per person for out-of-hospital specialist visits, including radiology and pathology done in the KeyCare network, if you are referred by your chosen KeyCare GP.

We cover you when you have to go to hospital

Hospitalisation, theatre fees and costs for intensive and high care at private hospitals and the cost for specific procedures at designated Day Care Facilities in the Keycare Network have no overall limit, as long as certain clinical entry criteria and protocols are met.

We pay for planned, authorised admissions for treatment in a KeyCare Network hospital or day clinic from the Major Medical Benefit.

In an emergency, the Casualty Outpatient Benefit covers you for pathology, radiology, medicine and specialist consultations (subject to applicable formularies) at a casualty unit at any of the KeyCare Network Hospitals.

The casualty facility must obtain approval for your casualty visit, if it is not an emergency. The Scheme will only pay for one visit per beneficiary per year at a Network provider. You must pay the first R390 of the cost of the visit. If you do not have approval, the Scheme will not pay for the casualty visit.

Get your chronic medicine from specific pharmacies and we will pay it at cost

You are covered for all Prescribed Minimum Benefit Chronic Disease List conditions based on a formulary and you obtain the medicine from the Scheme's Designated Service Provider pharmacy. You also have cover with no overall limit for prescribed acute medicine obtained from the Designated Service Provider. When you are discharged from hospital after an admission, we pay for take-home medicine up to R175 per person per event.

The Scheme pays for the completion of the *Chronic Illness Benefit application form* by your treating doctor, if the condition is approved.

We pay for certain screening tests or a flu vaccine

You have cover for a Screening Check (to check your blood glucose, blood pressure, cholesterol and body mass index) or a flu vaccination at one of the Scheme's contracted providers or a network pharmacy. We also pay for one specific pneumococcal vaccination once per lifetime for qualifying members.

Comprehensive maternity and post-birth benefits

The Scheme pays specific pre- and postnatal care for the mother, for up to two years after the birth. The benefit also pays for baby, or toddler up to the age of two. Specific benefits will be paid up to 100% of the LA Health Rate, from the Major Medical Benefit, and will not affect other day-to-day benefits:

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

Benefits will be activated when you authorise the delivery, when you create a pregnancy profile on **www.lahealth.co.za,** or when you register your baby on the Scheme.

SCHEDULE OF BENEFITS

Emergency transport	**Must call Discovery 911 for authorisation**		
	Ambulance and other medical emergency transport		Paid from Major Medical Benefit; subject to preauthorisation. No overall limit
Blood transfusions and blood products	Blood transfusions and blood products, subject to authorisation		Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit
Dentistry	Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation		Subject to Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit
	Basic dentistry out-of-hospital		Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network
GPs and specialists	**Provides full cover at General Practitioners or Specialists who are participating in a payment arrangement**		
	In-hospital	In Hospital Specialists	No overall limit if services are provided by a specialist working in a KeyCare Network Hospital. 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 LA Health Rate.
		GPs	We pay Network GPs at the agreed rate when they provide services in the hospital. We pay other GP's providing services in hospital at the Scheme Rate.
	Out-of-hospital	Specialist visits	Limited to R4 400 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network). We pay Network 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	Limited to 50% of the cost, subject to preauthorisation. Only for consultations being obtained from specialists at the Cleveland Clinic
		GP visits	Covered at the member's chosen KeyCare GP with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary, authorisation is required from the 15th visit onwards. Unscheduled, emergency visits, limited to three visits per person per year at member's chosen GP.
		Out-of-network benefit for GPs	Four out-of-network GP visits per person per year, limited to 4 each of selected blood tests, X-rays and acute medicine(subject to a formulary) requested by the non-network GP per person per year
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 when obtaining treatment from a Designated Service Provider and subject to clinical entry criteria and certain HIV*Care* Programme protocols. A 20% co-payment applies if a non-Designated Service Provider is used voluntarily
Home-based care	Includes wound care, end-of-life care, IV infusions and postnatal care		Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service Providers
Hospitals	**All planned procedures must be preauthorised. Authorisation via KeyCare Specialist only, unless otherwise motivated**		
	Hospitalisation, theatre fees, intensive and high-care unit		
	Hospitals subject to authorisation		No overall limit and paid from Major Medical Benefit for treatment authorised in a KeyCare network hospital. We pay in full for services at a KeyCare Network Hospital, and for emergency services. No benefit outside of the network for planned admissions
	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
	Non-emergency hospital admissions for selected members suffering from one or more significant chronic conditions		Unlimited, subject to the Scheme's Disease Management Programme, authorisation and clinical criteria. Paid up to 80% of the LA Health Rate for patients who are not on the Programme for non-PMB conditions
	Operations and procedures only covered in Day-Care Facilities, subject to authorisation		Specific operations and procedures are only covered in day-care facilities. We will tell you about these when you call us for authorisation
	Casualty/outpatient Benefit (excluding facility fees) at a KeyCare hospital		Limited to one casualty visit per person per year. Subject to authorisation and the member paying the first R390 of the claim to the hospital. Pathology, radiology or medicine subject to clinical guidelines, and specialist care subject to the applicable benefit limit. No benefit for non-PMB treatment if not authorised

Maternity benefit		A comprehensive defined basket of maternity and infant benefits. Paid up to 100% of the LA Health Rate, from the Major Medical Benefit, not affecting the other day-to-day benefits. Benefits must be activated by preauthorising the delivery, creating a pregnancy profile on the our website at www.lahealth.co.za or by registering your baby on the Scheme.	
	In-hospital	Theatre fees, intensive and high-care unit costs. Subject to preauthorisation	No overall limit in a KeyCare Hospital
	Out-of-hospital – No GP referral required	Antenatal consultations at a gyneacologist, GP or midwife	Up to 8 consultations at your gynaecologist, GP or midwife
		Ultrasound scans and prenatal screening	Up to two 2D ultrasound scans and one Nuchal translucency or one Non-Invasive Prenatal Testing (NIPT) or one T21 chromosome test. We pay 3D or 4D scans as if they are 2D scans
		Blood tests (prenatal)	A defined basket of pregnancy-related blood tests per pregnancy
		Pre- and postnatal care	Up to five pre- or postnatal classes or consultations, up until two years after birth, with a registered nurse
		GP and specialist care for babies and toddlers who are younger than 2 years	Two visits to the chosen KeyCare GP, paediatrician or ear-nose and throat specialist (ENT)
		Post-natal healthcare services for the mother	One lactation consultation with a registered nurse or lactation specialist, one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one midwife, GP or gynaecologist consultation for post-natal complications
Medicine		Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval)	We will pay your approved medicine in full up to the LA Health Medicine Rate if it is on the LA Health medicine list (formulary) and obtained from the Scheme's Designated Service Provider (DSP) pharmacies. If it is not on the list and/or a DSP pharmacy is not used, a co-payment may apply
		Diabetes Care and Cardio Care Programmes	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network Provider. Paid from the Major Medical Benefit.
		Bluetooth-enabled blood glucose monitoring device	Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes
		Prescribed/acute medicine	Covered with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen KeyCare Network GP
		Take-home medicine (when discharged from hospital)	Limited to R175 per person per hospital event
Mental Health	In-hospital	Psychiatric hospitals, subject to preauthorisation and case management (in-hospital)	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject to obtaining services from a Designated Service Provider hospital. A co-payment of 20% of the hospital account applies when a non-network hospital is used voluntarily
	Out-of-hospital	Psychiatrists	Limited to the Specialist Benefit limit of R4 400
		Mental Health Care Programme	Up to 100% of the LA Health Rate for GP services covered in a treatment basket, subject to criteria and referral by the Scheme's Designated Service Provider for GP-related services. Paid from the Major Medical Benefit
Oncology (cancer-related care)		Oncology, including chemo- and radiotherapy	Chemo- and radiotherapy only covered if provided by an oncologist in the KeyCare network, subject to the Prescribed Minimum Benefits protocols. Paid from Major Medical Benefit. If a non-network provider is used voluntarily, a 20% co-payment will be applied
		Oncology-related PET scans	Paid from the Major Medical Benefit, 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.
		Brachytherapy treatment for prostate cancer (PMB)	Covered from Major Medical Benefit from Network Hospital identified by the Scheme, subject to preauthorisation
		Stem cell transplants (local searches only)	You have access to local bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval.
		Advanced Illness Benefit for patients with end-of-life stage cancer (out-of-hospital)	Paid from Major Medical Benefit Subject to a basket of care and registration on the Oncology Programme by the treating doctor
Optical		Optometry consultations	One eye test per person per year at an optometrist in the KeyCare optometry network
		Spectacles, frames, contact lenses and refractive eye surgery	One pair of clear mono- or bi-focal glasses or contact lenses per person every two years from the last date of service at a KeyCare optician
Organ transplants		Hospitalisation	Unlimited. Subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation
		Medicine for immuno-suppressive therapy	Subject to Prescribed Minimum Benefits

Other services	In-hospital	Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria
	Out-of-hospital	Auxilliary Services (physiotherapy, occupational therapy, audiology, psychology, etc)	No benefit
Pathology and Radiology	In-hospital	MRI and CT scans, including ultrasounds: Must be referred by specialist and is subject to preauthoristion	Covered subject to a preauthorised event and scan related to the hospital admission only at KeyCare hospital. If not related to the admission, subject to the Specialist limit of R4 400 per person per year
		Radiology (X-rays) and pathology subject to preauthorisation	Paid from Major Medical Benefit; no overall limit at a KeyCare network hospital, subject to use of services of Preferred Provider and treatment guidelines and clinical criteria
		Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	PMB cover, and cover for children 12 years and under. Subject to preauthorisation and a defined list of Network facilities. Covered from the Major Medical Benefit.
	Out-of-hospital	MRI and CT scans.	Covered by Specialist Benefit up to R4 400, if referred by specialist
		Radiology, (including X-rays and ultrasounds) and pathology	Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP. Requests from specialists covered up to the R4 400 specialist limit
		Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Subject to PMB's and pre-authorisation. Paid from the Major Medical Benefit.
Prostheses	**Internal prostheses**		
		Cardiac stents	Covered in full from the Scheme's Network Provider. Subject to preauthorisation and clinical criteria. If the Stent is supplied by a non-Network supplier, the following limits apply per stent per admission: Drug-eluting stent: R7 130; Bare metal stent: R6 030
		Other internal prostheses (subject to clinical protocols)	Paid from Major Medical Benefit subject to preauthorisation
	Medical Equipment Benefit		
		Oxygen rental	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply
		Mobility Benefits: Crutches, wheelchairs, artificial limbs, stoma bags, etc.	Limited to R5 400 per family from the Scheme's Designated Service Provider. If the Designated Service Provider is not used a 20% co-payment will apply. Must be requested by the chosen KeyCare network GP.
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 per year at the applicable LA Health Rate per qualifying person for a single or basket of these tests or for one flu vaccination. Payable from Major Medical Benefit only if the services of one of the Scheme's Designated Service Providers is used. LDL cholesterol test paid from Major Medical Benefit, subject to clinical criteria.
		Pneumococcal vaccination	One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.
		Screening benefit for children between the ages of two and 18: Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of two and eight years old	Paid once per year at the applicable LA Health Rate per qualifying beneficiary for a single or basket of these tests. Payable from Major Medical Benefit only if one of the Scheme's Designated Service Providers is used
		Mammogram, Pap Smear, Prostrate-Specific Antigen (PSA) and Colorectal cancer screenings	1 Mammogram every 2 years; 1 Pap Smear every 3 years and one PSA test per person per year subject to clinical criteria and PMB. Consultations paid as described for GPs or Specialists. One faecal occult blood test or immunochemical test every 2 years per person for persons aged 45 to 75 years.
		Additional cover for Mammogram, Breast MRI, BRCA testing and repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk)	Subject to meeting the Scheme's clinical criteria. BRCA testing or colonoscopy limited to one test. Consultations paid as described for GPs or Specialists
Renal care		Dialysis and other renal care-related treatment and educational care (includes authorised related medicines)	Cover for chronic dialysis only. Covered at a DSP. Co-payments will apply if the network is not used
Substance abuse		Alcohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit
		Detox: In hospital	Prescribed Minimum Benefits. Three days per person, paid from Major Medical Benefit
Terminal Care Benefit		Hospice (excluding frail care)	Unlimited for Prescribed Minimum Benefits. Paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation. Limited to R48 200 for non-PMB in-patient and home-based care

Trauma recovery benefit

Covers certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event occurred

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

Allied and therapeutic healthcare services	M M + 1 M + 2 M + 3+	**R 8 050** **R12 150** **R15 100** **R18 200**
External medical appliances		**R27 400**
Hearing aids		**R14 750**
Prescribed medicine	M M + 1 M + 2 M + 3+	**R15 750** **R18 600** **R22 100** **R26 850**
Prosthetic limbs (with no further access to the external medical items limit)		**R85 700**

LA KeyPlus contributions

2020 Total contributions

Income Category	R0 – R9 200	R9 201 - R12 700	R12 701+
	R1 145	R1 209	R1 819
	R1 000	R1 056	R1 619
	R 419	R 441	R 679
+3	R1 257	R1 323	R2 037

40% in-service member's portion of contributions if a 60% subsidy applies. Maximum subsidy of R4 492.35

Income Category	R0 – R9 200	R9 201 - R12 700	R12 701+
	R 458	R 484	R 728
+	R 858	R 906	R1 376
+ +	R1 026	R1 083	R1 647
+ + +2	R1 194	R1 259	R1 919
+ + +3	R1 361	R1 436	R2 190
+	R 626	R 660	R1 000
+ +2	R 794	R 837	R1 271
+ +3	R 961	R1 013	R1 543

What we do not cover on LA KeyPlus

There are conditions and treatments that are not covered by the Scheme.

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

Below are *some of the conditions and treatments* that we specifically do not cover for LA KeyPlus members. We also do not cover any healthcare expenses related directly or indirectly to these healthcare services.

- **In-hospital management of:**
  - Dentistry
  - Skin disorders, including benign growths and lipomas
  - Conservative back and neck treatment in hospital
  - Diagnostic work-up and investigative procedures
  - Hearing disorders
  - Functional and nasal or sinus problems
  - Nail disorders
  - Endoscopic procedures
- Refractive eye surgery
- Surgery for oesophageal reflux or hiatus hernia repair
- Spinal surgery for back, neck and shoulders
- Cochlear implants, auditory brain implants and internal nerve stimulators (procedures, devices, hearing aids and processors)
- All joint replacements, including hip and knee replacements
- Non-cancerous breast conditions
- Any claim incurred outside of the South African borders
- Elective caesarian section
- Bunionectomy
- Removal of varicose veins
- Correction of Hallux Valgus/Bunion and Tailor's Bunion or Bunionette

General Scheme exclusions

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

Certain types of treatments and procedures:

- Cosmetic procedures, for example, otoplasty for jug ears; portwine stains; blepharoplasty (eyelid surgery); keloid scars; hair removal; nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery) and healthcare services related to gender reassignment
- Breast reductions and implants
- Treatment for obesity
- Treatment for infertility, subject to Prescribed Minimum Benefits
- Frail care
- Experimental, unproven or unregistered treatment or practices

The purchase of the following, unless prescribed:

- applicators, toiletries and beauty preparations
- bandages, cotton wool and other consumable items
- patented foods, including baby foods
- tonics, slimming preparations and drugs
- household and other biochemical remedies
- anabolic steroids
- sunscreen agents.

Unless otherwise decided by the Scheme, benefits in respect of these items, on prescription, are limited to one month's supply for each prescription or repeat thereof.

Certain costs

- Costs of search and rescue
- Any costs that another party is legally responsible for
- Facility fees at casualty facilities (these are administration fees that are charged directly by the hospital or other casualty facility)

Always check with us

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

This is a summary of the LA KeyPlus benefits and features, submitted to the Registrar of Medical Schemes.
If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

Client Services 0860 103 933 • Fax 011 539 7276 • www.lahealth.co.za • service@discovery.co.za

Report fraud anonymously 0800 004 500

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

GM_70719DLA_06/12/2019_V1