



Plan Comparison

2023

	LA KEYPLUS	LA FOCUS	LA ACTIVE	LA CORE	LA COMPREHENSIVE	
	KeyCare Network hospitals are the Designated Services Providers (DSP) for all In-Hospital procedures, including PMB care. Specific Day Surgery facilities are the DSPs for specific procedures or treatment	Hospitals in a Province with a coastline and specific hospitals in the remaining South African Provinces are the Designated Service Providers (DSP) for all hospital care, including PMB in-hospital care. Specific Day Surgery facilities are the DSPs for specific procedures or treatment	These Benefit Options have a Major Medical Benefit for all in-hospital and large expenses The KeyCare Hospital Network is the Scheme's Designated Service Provider for PMBs in-hospital care. If you do not go to a KeyCare Network Hospital and/or your admitting GP or Specialist is not a DSP provider, the Scheme will pay the PMB claims up to the Scheme Rate only. Specific Day Surgery facilities are the DSPs for specific procedures or treatment			
	These Benefit Options provide medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions		These Benefit Options provide cover for the Prescribed Minimum Benefit Chronic Disease List medicine as well as for several Additional Chronic conditions			
	To get full cover for out of hospital care, members must use the services of GPs in the KeyCare network and that of KeyCare Specialists working in a Network hospital	This Option pays for some day-to-day expenses from a Medical Savings Account	This Option pays for some day-to-day expenses from a Medical Savings Account. Further cover is provided through the Extended Day-to-day Benefit for GP, specialist, dentist, acute medicine, radiology, pathology and optical benefits	This Option pays for some day-to-day expenses from a Medical Savings Account. Further cover is provided through the Above Threshold Benefit for most disciplines		
PMB	Prescribed Minimum Benefits	All LA Health Medical Scheme benefit options cover the costs related to the diagnosis, treatment and care of: an emergency medical condition, a defined list of must match the treatments in the defined benefits. You must use the services of Designated Service Providers (DSPs) in our network – this does not apply in meet the above criteria, we will pay up to 80% of the LA Health Rate (LAHR). You will be responsible for the difference between what we pay and the actual			270 diagnoses, a defined list of 27 chronic conditions, HIV or AIDS and Oncology. Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. The treatment needed medical emergencies. Where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If your treatment doesn't	
MSA	Medical Savings Account	Not offered on this Option	Pays for day-to-day medical expenses like GP consultation fees, prescribed M R8 208 S/A R5 292 C (max 3) R2 412	and over-the counter medicine, radiology and pathology as long as you have MSA available M R7 632 S/A R5 520 C (max 3) R3 156	M R11 172 S/A R9 756 C (max 3) R4 488 M R13 884 S/A R8 052 C (max 3) R3 516	
EDB	Extended Day-to-day Benefit	Not offered on these benefit options		Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after you have run out of money in your Medical Savings Account M R5 598 S/A R3 919 C (max 3) R1 129	M R7 429 S/A R5 188 C (max 3) R2 021	
ATB	Above Threshold Benefit	Not offered on these benefit options			Covers day-to-day healthcare services once the Annual Threshold is reached ANNUAL THRESHOLD: M R19 260 / S/A R13 140 /C (max 3) R5 784 The Above Threshold Benefit (ATB) is unlimited, but specific annual benefit limits may apply	
ALTERNATIVES	Out of hospital surgical and other procedures	Not offered on this benefit option	Surgical procedures performed in doctor's rooms and laser tonsillectomy, 24	hour oesophageal pH studies and oesophageal motility studies paid up to the LA Health Rate. Subject to preauthorisation		
	Hospital at Home	Acute and chronic care in lieu of hospitalisation paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria, Approved cover for these devices will not affect your day-to-day benefits, but are subject to clinical criteria and specific limits that apply			baskets of care and management by the Scheme's Designated Service Providers. Includes benefits for home monitoring devices	
	Approved Step Down Nursing Facilities	Unlimited up to 100% of the cost at LA Health Rate, subject to pre-authorisation and case management				

LA KEYPLUS

LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

AMBULANCE SERVICES

DISCOVERY 911	Paid from Major Medical Benefit; no overall limit			
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CANCER COVER

Oncology Benefit, including chemo- and radiotherapy	PMB Cancer treatment is always covered in full, subject to the use of a Designated Service Provider (DSP), where applicable If you choose to use any other provider, we will cover up to 80% of the LA Health Rate	Cancer treatment and Cancer-related PET Scans covered from benefits in the preferred product list, paid up to the LA Health Rate. All claims accumulate to You have access to local bone marrow donor searches and stem cell transplant Applicable threshold: R228 000	Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan and the use of the services of the Scheme's Designated Service Providers for treatment and medicine, that is on the Scheme's a threshold. A 20% co-payment applies after the threshold is reached for all non-PMB treatment and care. A 20% deductible will apply from R1, if the Designated Service Provider is not used to obtain a PET scan up to the agreed rate, subject to clinical protocols, review and approval	Applicable threshold R456 000
Oncology Innovation Benefit	Not available on these Options			Cover for a defined list of innovative cancer medicine, subject to clinical criteria. Paid up to 75% of the account

CARDIAC STENTS

	Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to R7 350 per drug-eluting stent and R6 200 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.	Paid up to the LA Health rate, from MMB subject to clinical criteria and authorisation		
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DENTISTRY

Dentistry in hospital	Not covered on this benefit option	SPECIALISED DENTISTRY IN HOSPITAL Hospital accounts paid up to the LA Health Rate, subject to the applicable deductible for IN-HOSPITAL SPECIALISED OR BASIC DENTISTRY . Balance of Hospital/Day Clinic account (after deductible) paid from MMB.														
		<table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R2 360</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 970</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R1 160</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 910</td> </tr> </table>	Hospital	Younger than 13 years	R2 360		Older than 13 years	R5 970	Day Clinics	Younger than 13 years	R1 160		Older than 13 years	R3 910	Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R26 360 per person per year	Related, non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to a joint limit of R34 830 for in-and out-of-hospital specialised dentistry per person per year
Hospital	Younger than 13 years	R2 360														
	Older than 13 years	R5 970														
Day Clinics	Younger than 13 years	R1 160														
	Older than 13 years	R3 910														
		RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL	Paid from MSA	Paid from and limited to funds in MSA/EDB												
		SPECIALISED DENTISTRY OUT OF HOSPITAL	Paid from MSA. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, paid from MMB	Paid from MSA/ATB, subject to joint limit of R17 990 per person per year for in- and out-of-hospital basic dentistry												
		BASIC DENTISTRY OUT OF HOSPITAL	Paid from MSA. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, paid from MMB	Paid from MSA/ATB, subject to joint limit of R34 830 per person per year for in- and out-of-hospital specialised dentistry												
Dentistry out of hospital	Not covered on this Option	BASIC DENTISTRY OUT OF HOSPITAL	Paid from MMB if obtained from a Dentist in the DSP Network. Payable from MSA if non-DSP provides these basic dental services.	Paid from MSA /EDB												
	Basic Dentistry: no overall limit, subject to a list of procedures from a dentist in the KeyCare Network		First R4 275 per family payable from MMB. Thereafter paid from MSA/EDB.	Paid from MSA/ATB, subject to joint limit of R17 990 per person per year for in- and out-of-hospital basic dentistry												

FOLD

	LA KEYPLUS	LA FOCUS	LA ACTIVE	LA CORE	LA COMPREHENSIVE												
DENTISTRY	Dental Trauma Benefit	Not available on this benefit option		In-Hospital Paid from the Major Medical Benefit. Subject to pre-authorization, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic <table border="1" data-bbox="1386 185 2515 304"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R2 360</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 970</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R1 160</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 910</td> </tr> </table>		Hospital	Younger than 13 years	R2 360		Older than 13 years	R5 970	Day Clinics	Younger than 13 years	R1 160		Older than 13 years	R3 910
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		In- and Out-of-Hospital Dentist and related accounts paid from the Major Medical Benefit, up to 100% of the Scheme Rate Dental appliances and prostheses All dental appliances and prostheses, and the placement thereof, as well as orthodontics (surgical and non-surgical) paid from the Major Medical Benefit, subject to a joint limit of R61 500 per person per year for treatment in- or out-of-hospital															
DYSPEPSIA	Conservative treatment of Dyspepsia	Basket of care set by the Scheme, subject to authorisation, clinical criteria and treatment guidelines		Not applicable to these benefit options													
END OF LIFE CARE	Advanced Illness Benefit	Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation, subject to PMB															
	Advanced Illness Member Support Programme	For patients with advanced illnesses, requiring support at the time when they are trying to manage their symptoms, and understand their healthcare needs.		Paid from Major Medical Benefit. Subject to a basket of care, authorisation, clinical criteria and guidelines													
EXTERNAL MEDICAL ITEMS/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															
	External appliances / devices	Mobility benefits limited to R5 720 per family, subject to DSP. If the DSP is not used, then no benefit	Prosthetic limbs, eyes and other external prostheses, orthopaedic appliances Paid from the MSA	(including wheelchairs and crutches), nebulisers, glucometers, diabetic equipment, diagnostic agents and appliances, stoma bags, bandages, hearing aids and wigs, subject to PMB													
	External medical items extender benefit	Not available on these benefit options															
	Blood glucose monitoring device	1 device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes, subject to authorisation and clinical criteria. Limited to the home monitoring device limit of R4 250 per person per year															
	Continuous blood glucose monitoring	Not offered on this Option	R1 660 per person per month for sensors only, subject to an annual co-payment MMB for persons registered on the Diabetes Management Programme. Readers	of R830 per adult or R1 660 per paediatric beneficiary. Paid from or Transmitters limited to R4 630 per device, payable from MSA	R1 660 per person per month for sensors only, subject to an annual co-payment of R1 250 per adult or R1 660 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R4 630 per device, payable from MSA	R1 660 per person per month for sensors only, subject to an annual co-payment of R1 250 per adult or R1 660 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R4 635 per device, payable from MSA											

CENTRE SPREAD

	LA KEYPLUS	LA FOCUS	LA ACTIVE	LA CORE	LA COMPREHENSIVE	
GENERAL PRACTITIONERS (GPs)	<p>GP consultations and services, including virtual and tele-consultations</p> <ul style="list-style-type: none"> In hospital visits paid in full if the services of a KeyCare Network GP are used 15 Out of hospital visits per person at the selected GP in the KeyCare network. Additional visits subject to authorisation 3 Unscheduled, emergency visits, per person at selected GP 4 out-of-network GP visits per person per year and 4 each of selected blood tests, X-rays and acute medicines ordered by the out-of-network Dr 1 Casualty/outpatient Benefit (excluding facility fees) per person at a Network hospital, subject to a R425 co-payment 	<ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables 	<ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA/EDB 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables 		<ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA/ATB 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables 	
HOSPITAL COVER <i>Subject to preauthorisation and clinical entry criteria</i>	<p>Pre-operative Assessment for the following major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy</p>	Paid once per hospital admission from the Major Medical Benefit up to 100% of the LA Health Rate according to a benefit basket. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols				
	<p>Private Hospital, including pathology, radiology, physiotherapy, blood transfusions, other blood products and allied treatment authorised as part of the event/procedure</p>	Unlimited cover in a general ward	Full cover in any approved private hospital in a Province with a coastline and specific hospitals in the remaining South African Provinces. If you use a hospital outside the LA Focus Hospital network, we pay up to the LA Health Rate of the hospital account and you must pay the difference. All other authorised in hospital treatment and care paid at the LA Health rate	You are covered in any private hospital approved by the Scheme, subject to authorisation The KeyCare Hospital Network is the Scheme's Designated Service Provider for PMBs in-hospital care. If you do not go to a KeyCare Network Hospital and/or your admitting GP or Specialist is not a DSP provider, the Scheme will pay the PMB claims up to the Scheme Rate only.		
	<p>Day Surgery Procedures</p>	You are covered in any facility approved by the Scheme. The facility must be in the LA KeyPlus Network of Day Surgery Facilities	You are covered in any facility in the LA Focus Network of Day Surgery Facilities. If the DSP service is not used, a R6 300 deductible applies to the facility account	You are covered in any facility approved by the Scheme. If the service of a DSP facility is not used, a R6 300 deductible applies to the facility account		
	<p>Spinal or colorectal care and surgery</p>	In- and out-of-hospital management of colorectal care and surgery, including related accounts, paid up to the LA Health Rate, subject to clinical criteria, authorisation and DSP. If DSP is not used, paid at 80% of the LA Health rate. No benefits in relation to spinal care, except PMB	In- and out-of-hospital management of spinal or colorectal care and surgery Out-of-hospital conservative spinal treatment subject to a basket of care	paid up to the LA Health Rate at Network DSP, subject to clinical criteria. If DSP is not used, paid at 80% of the LA Health rate. Related accounts paid up to the LA Health Rate		
	<p>Hospitalisation for select members with one or more chronic conditions</p>	Paid in full if registered on a Disease Management Programme. Paid up to 80% of the Scheme Rate for the Hospital and Related accounts if not registered on the Programme	Subject to stated benefits in each of these benefit options for In Hospital and other related treatment			
MANAGED CARE PROGRAMMES	<p>HIVCare Programme</p>	Subject to PMB. Unlimited, paid at cost subject to clinical criteria and guidelines				
	<p>Diabetes or Mental Care Programmes</p>	Subject to PMB. Non-PMB and other related services covered in a treatment basket, subject to referral by the DSP Network GP and participation on the Chronic Illness Benefit				

REPRODUCTIVE HEALTH

MEDICINE BENEFITS

LA KEYPLUS

LA FOCUS

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Assisted reproductive therapy	Not covered on these benefit options					Limited to R122 000 per person per year. Paid from the Major Medical Benefit, up to maximum of 75% of the LA Health Rate. Subject to the services provided by the Scheme's Preferred Provider (where applicable), protocols, the condition meeting the Scheme's entry criteria and guidelines. Cryopreservation paid for up to 5 years						
Maternity cover during the pregnancy and for two years after your baby's birth once the benefit is activated	<p>DURING PREGNANCY</p> <ul style="list-style-type: none"> 8 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans, including one nuchal translucency test, per pregnancy. 3D and 4D scans are paid up to the rate we pay for 2D scans One T21 chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria A defined basket of blood tests 5 antenatal or postnatal classes or consultations with a registered nurse, up until two years after you have given birth <p>Antenatal classes limited to R1 890 per pregnancy for mothers not registered on the Maternity Programme, paid from MSA/ATB on the LA Comprehensive Option only</p>			<p>AFTER YOU GIVE BIRTH</p> <ul style="list-style-type: none"> Your baby is covered for up to two visits to a GP, paediatrician or an ENT You are covered for one six-week post-birth consultation at your midwife, GP or gynaecologist for complications post delivery One nutritional assessment at a dietitian Two mental health consultations with a counsellor or psychologist One breastfeeding consultation with a registered nurse or a breastfeeding specialist <p>To access these benefits on LA KeyPlus, your chosen GP must refer you</p>								
Doulas	Not available on this benefit option	Paid from MSA only										
PMB Chronic Illness conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits				You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List (ADL)							
Chronic Medicine Cover including take-home approved chronic medicine at discharge from hospital	Approved chronic medicine covered in full when you use one of our network pharmacies or your chosen GP. Your chosen GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest cost formulary medicine for the condition Covered with no overall limit from Designated Service Provider. Medicine when discharged from hospital limited to R200 per admission.	Approved medicine on our medicine list covered in full when you use a network pharmacy. Medicines not on our list paid up to up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one the monthly CDA, whether on the medicine list or not		pharmacy. Medicines not on our list paid up to up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to	Approved medicine on our medicine list covered in full when you use a network pharmacy. Medicines not on our list paid up to up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether on the medicine list or not.							
Acute / prescribed medicine, including take-home prescribed medicine at discharge from hospital		Paid from the MSA up to 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		Paid from the MSA/EDB up to 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	Medicine for Additional Disease List conditions limited to <table border="1" data-bbox="2782 842 3204 872"> <tr> <td>M R12 805</td> <td>M+ R25 410</td> </tr> </table>		M R12 805	M+ R25 410				
M R12 805	M+ R25 410											
Over the Counter (OTC) medicine	Not covered on this benefit option	Paid from MSA up to 100% of the cost. Certain unregistered supplements subject to a limit of R1 670 per person per year		Paid from MSA/EDB up to 100% of the cost. Certain unregistered supplements subject to a limit of R 1 670 per person per year	Paid from the MSA/ATB up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list, limited based on the number of registered beneficiaries <table border="1" data-bbox="3555 1050 3978 1080"> <tr> <td>M R11 720</td> <td>M1 R14 990</td> <td>M2 R18 070</td> </tr> <tr> <td>M3 R20 840</td> <td>M4+ R23 710</td> <td></td> </tr> </table>		M R11 720	M1 R14 990	M2 R18 070	M3 R20 840	M4+ R23 710	
M R11 720	M1 R14 990	M2 R18 070										
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Specialised Medicine and Technology Benefit	Not covered on these benefit options				Subject to authorisation. Paid at the LA Health Medicine Rate up to R228 000 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied							

FOLD

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MENTAL HEALTH BENEFITS	<p>PMB</p> <p>Maximum overall limit of 21 days for in and out of hospital care paid at cost at DSP, subject to clinical criteria. The limit includes benefits for a maximum of 21 days in hospital and/or 15 psychiatrist / psychologist contacts out of hospital, both accruing to the overall limit of 21 days. If services of DSP hospital are not used a 20% co-payment applies</p>				
	<p>PMB Alcohol or drug abuse-related treatment and care</p> <p>Paid at cost for PMB Care at DSP, limited to a maximum of 3 days for alcohol or drug abuse-related treatment or care, or treatment in the case of an attempted suicide. Accumulates to the overall limit of 21-days of PMB care for Mental Health</p>				
	<p>Out of hospital, non-PMB mental health benefits</p> <p>Paid from the applicable benefits, subject to the use of the Network DSP providers' services</p> <p>Psychiatrists paid subject to the Specialist limit of R5 000</p>	<p>Paid from MSA</p>	<p>Paid from MSA/EDB</p>		<p>Paid up to LA Health Rate from MSA/ATB, limited to R22 600 per family R7 500 per beneficiary for non-PMB treatment and care related to alcohol and substance abuse. Paid up to the LA Health Rate, subject to the Out of Hospital non-PMB limit of R22 600 per family for non-PMB mental health care</p>
MRI AND CT SCANS	<p>In hospital: 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 R5 000 per person per year</p> <p>If related to back or neck treatment, limited to the Specialist Benefit limit of R5 000</p> <p>Out of Hospital: Covered by Specialist Benefit up to R5 000, if referred by KeyCare GP</p>	<p>Paid up to 100% of the LA Health Rate, subject to referral by a Specialist and authorisation when the member is in hospital.</p> <p>When performed out-of-hospital, paid up to the LA Health Rate. The first R3 300 of the cost of the scan is paid from MSA or by the member if the MSA is already depleted</p>	<p>Paid up to 100% of the LA Health Rate, subject to referral by a Specialist and authorisation</p>		
OPTICAL	<p>Optical</p> <p>One eye test per person per year and 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. Refractive eye surgery not covered on this benefit option</p>	<p>Paid from the Medical Savings Account</p>	<p>Paid from the Medical Savings Account/Extended Day-to-day Benefit</p>		<p>Eye test consultations paid from MSA/ATB. Spectacles, frames, contact lenses and refractive eye surgery paid up to a limit of R5 350 per person per year from MSA/ATB</p>
ORGAN TRANSPLANTS	<p>Including bone marrow/stem cell transplants</p> <p>Subject to PMB and the use of Network DSP providers. A 20% co-payment applies if non-network providers are used. Subject to clinical criteria and authorisation</p>	<p>Subject to PMB. Paid at cost/up to the LA Health Rate, subject to authorization and clinical criteria. Stem cells must be locally sourced</p>			

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OTHER SERVICES	IN-HOSPITAL	<p>Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc.)</p> <p>Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria</p>				
	OUT-OF-HOSPITAL	<p>Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc.)</p> <p>Not covered on this Option</p>	<p>Limited to funds in the Medical Savings Account</p>			<p>Limited to funds in the Medical Savings Account or Above Threshold Benefit</p>
		<p>Nurse practitioners</p> <p>Not covered on this Option, except for PMB</p>	<p>Limited to funds in Medical Savings Account</p>			<p>Paid up to a limit of R13 130 per family from Medical Savings Account or Above Threshold Benefit</p>
		<p>Unani-Tibb therapy</p> <p>Not covered on this Option</p>	<p>Limited to funds in Medical Savings Account</p>			<p>Limited to funds in the Medical Savings Account with no accumulation to the Threshold</p>
SCREENING AND PREVENTION		<p>We cover certain tests at a wellness network provider: blood glucose, blood pressure, cholesterol and body mass index, screening tests for children between appropriate screening tests for persons who are older than 65 years</p> <p>We also cover a mammogram or ultrasound of the breast every two years, Pap smear every three years, PSA (a prostate screening test) once a year, frequent screening is available for those who meet our clinical criteria</p>	<p>the ages of 2 and 18 years, which include a growth assessment and health and milestone tracking for children between the ages of 2 and 8 years at any one of our wellness network providers and cover for a group of age</p>			
		<p>Other vaccines are covered from the day-to-day benefits that apply for the specific benefit option</p>	<p>Pneumococcal vaccinations subject to age appropriate intervals, bowel cancer screening tests every two years for members between 45 and 75 years, HIV screening tests, or a seasonal flu vaccine. Additional, and/or more</p>			

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SCREENING AND PREVENTION	<p>Primary healthcare screening services for visual, hearing, dental and skin conditions; Physical well-being screening at a dietician, biokineticist and/or physiotherapist; Women and men's screening and prevention healthcare services; Screening and prevention healthcare services for children, and cover for a defined list of registered screening and health monitoring devices</p> <p>Limited to a basket of care as set by the Scheme, limited to: R2 500 per adult beneficiary once per lifetime; R1 250 per child beneficiary once per lifetime; up to a maximum of R10 000 per family</p> <p>Subject to completion of basic screening tests. Available for two years, subject to clinical entry criteria, treatment guidelines and protocols.</p>	Not available on these benefit options			
PATHOLOGY AND RADIOLOGY	<p>Pathology</p> <p>Out of hospital pathology services up to the LA Health rate. Jointly limited to the Specialist Services limit of R5 000 per person per year. Includes benefits for services rendered in a casualty/outpatient facility</p>	<p>In Hospital Basic pathology paid up to the LA Health Rate, subject to the use of the services of the Scheme's Designated Service Provider.</p>			
	<p>Gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy</p> <p>Prescribed Minimum Benefit cover, in the KeyCare Day Surgery Network. If done in the doctor's rooms, we pay the account from the Major Medical Benefit</p>	<p>Out of Hospital paid from MSA</p>	<p>Out of Hospital paid from MSA/EDB</p>	<p>Out of hospital paid from MSA/ATB</p>	
	<p>MRI and CT Scans and ultrasounds</p> <p>In hospital scans paid as part of treatment for the authorised condition, at DSP hospital. If not related to the admission, limited to the Specialist benefit limit of R5 000 per person per year</p> <p>Out of hospital scans paid from the Specialist Benefit limit of R5 000, if referred by KeyCare GP</p>	<p>IN HOSPITAL</p> <p>First R3 300 of Hospital account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA</p>	<p>IN HOSPITAL</p> <p>First R3 300 of Hospital account paid from MSA. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in MSA/EDB</p>	<p>IN HOSPITAL</p> <p>Paid up to the LA Health Rate, subject to authorisation</p>	
	<p>Radiology, including X-rays</p> <p>Paid from MMB, at DSP Hospital, subject to clinical criteria. If the services of the Preferred Provider are not used, paid to the member at the Scheme Rate</p> <p>Out of hospital: Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP</p> <p>Requests from specialists covered up to the R5 000 specialist limit</p>	<p>OUT OF HOSPITAL</p> <p>Paid from MMB. Unlimited, subject to preauthorisation. Related accounts paid from available day-to-day benefits as per the specific benefit option.</p>	<p>In hospital scans: Unlimited, paid up to 100% of the LA Health Rate</p>		
		<p>Out of Hospital, the first R3 300 of the scan paid from the MSA. The remainder of the account is paid from Major Medical Benefit.</p>	<p>Out of Hospital, unlimited up to the LA Health Rate</p>		
PROSTHESES	<p>Internal prostheses</p> <p>Unlimited and paid up to the LA Health Rate, subject to clinical criteria</p> <p>No cover on this benefit option for 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</p>	<p>Cochlear implants, implantable defibrillators, internal nerve stimulators and Spinal devices/prostheses: Unlimited if obtained from Designated Service Provider. Only one procedure per year will be authorised.</p> <p>Shoulder replacement prostheses: Unlimited if obtained from the Scheme's Preferred Provider. A limit of R45 550 per prosthesis will apply if the Preferred Provider is not used.</p> <p>Major joint replacements, including hip and knee replacements: Paid subject to the hospital account. Devices for hip or knee replacements unlimited from Internal prostheses not mentioned elsewhere in this brochure: Paid up to the</p>			
		<p>In hospital: Paid from MMB, subject to authorisation</p>	<p>Paid from MSA</p>	<p>Paid from MSA/EDB</p>	<p>Paid from MSA/ATB</p>
		<p>auditory brain implants paid up to R235 100 per person per year, subject to preauthorisation.</p> <p>Provider. If the Scheme's DSP is not used, limited to R26 250 per level, with an overall limit of R52 500 for two or more levels.</p> <p>Preferred Provider. A limit of R45 550 per prosthesis will apply if the Preferred Provider is not used.</p> <p>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 the Scheme's Preferred Provider and limited to R30 900 per device, if obtained from a non-Preferred Provider.</p> <p>LA Health rate, subject to preauthorisation and clinical criteria</p>			



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To find out more, please call LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker. This leaflet is a summary of LA Health's key 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

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