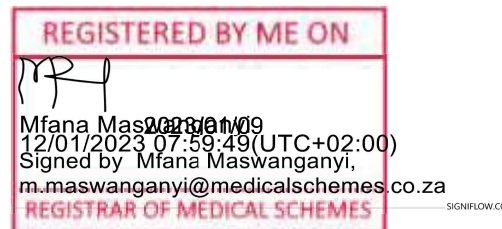


Annexure B(5)

BENEFIT SCHEDULE

LA KEYPLUS OPTION (With effect from 1 January 2023)



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GENERAL RULES APPLICABLE TO THIS ANNEXURE

- (1) The Scheme's appointed DSP for this option is the KeyCare Primary Care Network. Members are requested to select their network doctor, through the Scheme's appointed DSP(s) when they join this option.
- (2) The Scheme's DSP for in-hospital care is the KeyCare Hospital network. Members are required to undergo treatment for all elective PMB's and non-PMB elective treatment at the KeyCare Network Hospitals. Certain treatment / procedures, stipulated in Annexure H of these Rules, must be performed at one of the Scheme's DSP Day Surgery facilities.
- (3) This option has no overall annual limit for Major Medical Benefits (MMB).

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
1.	Statutory Prescribed Minimum Benefits subject to paragraph 1.4 of Annexure B			Prescribed Minimum Benefits accumulate to the available limits first
	Network Hospital: non-elective and emergency PMB's	100% of cost	Unlimited	1. Basis of cover as contained in Annexure G. 2. Diagnostic, treatment, and care costs subject to relevant clinical and managed care criteria, covered from MMB. 3. Subject to PMB and pre-authorization. For non-emergency PMB admissions, claims in Network Hospitals paid at cost. 4. In the event of an emergency any private hospital may be used to stabilise the patient. Once stabilised the patient must be transferred to a network hospital.
	Network Hospital: elective PMB	100% of the cost		
	Out of Hospital (All health services relevant to PMB's)	100% of Cost	Unlimited	Diagnostic, treatment, and care costs subject to Scheme's relevant treatment protocols. Covered from MMB.
2.	Network Hospitals Accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital equipment, visits by medical practitioners, confinement, and midwives.	100% of Cost up to LAHR	Unlimited	Subject to PMB, authorisation / approval and the treatment meeting the Scheme's clinical and managed care criteria.
	Non-Network Hospitals Emergency admissions in a Non-Network Hospital	Up to 100% of the cost		Patient to be transferred to a network hospital as soon as stabilised, unless otherwise agreed by the Scheme. Subject to PMB.
	Non-emergency, PMB admissions in a Non-Network Hospital	Up to 80% of the cost		A 20% co-payment applies for all elective PMB's performed in a Non-Network Hospital.
	Elective, non-PMB treatment in a Non-Network Hospital		Not applicable	No benefit for non-PMB's.
	Day-surgery care Healthcare services reflected in Annexure H in a defined list of Network facilities	Up to 100% of the LAHR	Unlimited	1. Subject to authorisation and/or approval and clinical criteria. 2. Related accounts paid up to 100% of the LA Health Rate. 3. Medicines paid up to 100% of the LA Health Medicine Rate

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
3.	HIV/Aids and related treatment Post-exposure HIV-prophylaxis following occupational or traumatic exposure, sexual assault, or mother-to-child transmissions HIV/AIDS-related GP consultations	100% of Cost Up to 100% of the cost Up to 100% of the cost	Unlimited Unlimited Unlimited	1. Subject to evidence-based managed care protocols/ formularies as provided for in regulation 15, and managed by the Scheme's Management Programme. (refer Annexure G) Subject to authorisation and obtaining treatment from DSP GP. A 20% co-payment applies if non-Network GP is used voluntarily.
4.	Administration of defined intravenous infusions Medicine used during these procedures	Up to 100% of the LAHR at Network Paid up to 100% of the LAMR	Unlimited	1. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria. 2. A 20% payable in respect of the hospital account for treatment obtained at a non-Network Provider.
5.	Hospitalisation for select members suffering from one or more significant chronic conditions Non-emergency admissions	Paid up to 100% of the LAHR	Unlimited	For members on the Scheme's Disease Management Programme, and further subject to authorisation and the patient meeting the clinical criteria. 1. Paid up to a maximum of 80% of the LAHR of the hospital and related accounts for beneficiaries who are not on the Programme for non-PMB conditions
6.	Conservative treatment for dyspepsia	Up to 100% of the LAHR	Basket of care set by the Scheme	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.
7.	Home-based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home (Subject to PMB) Home-monitoring devices for clinically appropriate chronic and acute conditions	Paid up to 100% of the LAHR Paid up to 100% of the LAHR from MMB	Unlimited Limited to R4 250 per person per year	1. Subject to the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's treatment guidelines and clinical and benefit criteria. 2. Subject to benefits defined in a basket of care. 1. Subject to approval of the use of the device and subject to protocols and clinical and benefit criteria.
8.	Drug and alcohol rehabilitation	Up to 100% of the LAHR	21 days rehab 3 days detox	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria. Subject to PMB's


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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
9.	Cardiac Stents 	Up to 100% of the LAHR	Unlimited if stent is supplied by Network Provider	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria. <ol style="list-style-type: none"> If stent is supplied by non-Network supplier: Limited to R7,350 per drug-eluting stent per admission; and R6,200 per bare metal stent per admission. The device accumulates to the limit when non-Network suppliers are used. The costs of the hospital and related accounts do not accumulate to the stent limit. Subject to PMB
10..	Mental Health <ul style="list-style-type: none"> In- or Out-of-Hospital PMB related care Out of Hospital Treatment by psychiatrists only Mental Health Care Programme Disease management for major depression for members registered on the Mental Health Care Programme, including benefits to prevent relapse or recurrence of a major depressive episode	100% of cost up to LAHR 100% of LAHR Up to 100% of the LAHR, from MMB	Up to a maximum of 21 Days per beneficiary per annum, subject to PMB R5,000 joint limit per beneficiary Limited to a basket of care as set by the Scheme	<ol style="list-style-type: none"> Covered in full from MMB at the DSP. If services of non-DSP is used voluntarily, a 20% co-payment applies to the hospital account. Subject to clinical criteria and protocols. A maximum of 21 Days In-Hospital or 15 days Out-of-hospital psychologist or psychiatrist contacts for PMB related conditions, both accruing to the maximum of 21 treatment days. Subject to the Specialist benefit limit. <ol style="list-style-type: none"> Non-PMB GP-related services, on referral from the Scheme's Network GP. Limited to services in the Scheme's basket of care. Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.
11.	Surgical procedures (In Hospital) Major Maxillo Facial Surgery (In Hospital) Severe infections, jaw-joint replacements, cancer-related and trauma-related surgery, cleft-lip and palate repairs	100% of LAHR	Unlimited	<ol style="list-style-type: none"> Subject to authorisation at a Network hospital. Subject to PMB
12.	Practitioners Specialists <ul style="list-style-type: none"> In Hospital KeyCare Direct Payment Arrangement (DPA) Specialists Other specialists who work in a Network Hospital Out of Hospital KeyCare Direct Payment Arrangement Specialists Other Specialists working in the Network Hospitals International clinical review consultations Other Providers in hospital Out of Hospital Preoperative Assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy, and mastectomy	Up to 100% of the DPA Rate Up to 100% of the LAHR Up to 100% of the DPA Rate Up to 100% of the LAHR 75% of Cost Up to 100% of the LAHR Up to 100% of the LAHR	Unlimited Limited to R5,000 per beneficiary per year Subject to the Specialist limit of R5,000 per person per year Unlimited Unlimited Limited to specific benefits as defined in a basket of care	PMB benefits subject to Annexure G paragraph A. <ol style="list-style-type: none"> Member must be referred by his/her chosen GP. Member must be referred by his/her chosen GP. Require referral by the members chosen DSP GP. <ol style="list-style-type: none"> Basic x-rays obtained from a network of radiographers, MRI and CT scans covered only if requested by a member's chosen DSP doctor. Basic blood tests available if requested by member's chosen DSP doctor, from the DSP pathologist only. Subject to the use of the services of the Scheme's Preferred Provider, clinical and managed care criteria. <ol style="list-style-type: none"> Subject to authorisation and the use of the services of DSP Specialist. Paid once per hospital admission from the Major Medical Benefit.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
13.	General Practitioners (GP) <ul style="list-style-type: none"> In Hospital Out of Hospital GP visits and selected minor procedures Unscheduled, after-hour GP visits Out of network GP visits	Up to 100% of the LAHR Up to 100% of the LAHR Up to 100% of the LAHR Up to 100% of the LAHR	Unlimited Unlimited, but authorisation required after 15th GP visit per person for in the year Limited to 3 visits per person per year Limited to 4 GP, 4 pathology 4 radiology and four pharmacy claims per person per year	1. Payment limited to visits and minor procedures obtained from member's chosen Network GP. 2. Beneficiaries can elect to change GP selection 3 times per year. 3. Benefits subject to selected consultation and procedure codes. 4. If authorisation is not obtained after 15th visits for any one person in the year, no further GP benefits except those for PMB's, will be paid. Treatment must be requested by a General Practitioner. Includes cost of selected blood tests, selected x-rays and acute medicines, according to the Scheme's formulary. Subject to PMB.
14.	Casualty Visits Visits to casualty units at KeyCare Network hospitals <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center; font-family: cursive;">MPH</p> <p style="font-size: small;">Mfana Maswanganyi 2023/01/09 12/01/2023 08:00:42(UTC+02:00) Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za REGISTRAR OF MEDICAL SCHEMES</p> </div>	Up to 100% of the LAHR	Limited to one Non-PMB casualty visit per person per year	Subject to authorisation 1. First R450 of the casualty unit's account payable by the beneficiary. 2. Balance of the Account paid from MMB. 3. Pathology, radiology, or medicine will be subject to applicable clinical guidelines. 4. Specialist consultations subject to the Specialist Benefit limit. 5. No benefit, for non-PMB treatment at a non-Keycare Network Hospital. 6. Subject to PMB's
15.	Nurse Practitioners	-		No benefit except for PMB's .
16.	Dental Services In-Hospital or Specialised Dentistry Out-of-hospital Basic dentistry (fillings, extractions, and other basic procedures only)	-	No benefit Subject to PMB's	No benefit. Subject to PMB's
		Up to 100% of the LAHR	Unlimited	1. Subject to meeting the Scheme's treatment guidelines and managed criteria. 2. Subject to a list of procedures, only at a Keycare Network dentist.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
17.	Prescribed Pharmaceuticals			
	PMB Chronic sickness conditions and other PMB chronic conditions as per DTP pairs and Annexure G	100% of cost	Unlimited	<ol style="list-style-type: none"> 1. Subject to pre-authorisation. 2. Chosen DSP doctor to prescribe medicine in terms of formulary and clinical entry criteria at selected DSP. 3. If the beneficiary involuntarily does not use the Scheme's DSP courier pharmacy or the formulary medicine, a clinical appeals process will apply in line with regulation 15 (h) (c) and 15 (i) (c). 4. Refer to Annexure G for the co-payment applicable for the voluntary use of a non-DSP GP, Pharmacy or a non-formulary medicine. 5. Costs for completion of chronic application form covered from MMB.
	Diabetes Care or Cardio Care Disease Management Programmes	Up to 100% of the LAHR	Unlimited, subject to basket of care	Non-PMB GP-related services covered in a treatment basket, subject to referral by the Scheme's Network Provider and participation on the Chronic Illness Benefit. Paid from MMB.
	Blood glucose monitoring device	Up to 100% of the LAHR	Limited to 1 device per person per year	<ol style="list-style-type: none"> 1. Subject to being registered for Diabetes on the Chronic Illness Benefit. 2. Paid from MMB, subject to PMB's. 3. Limited to the home monitoring device limit, of R4 250 per person per year
	Acute and non-PMB chronic sickness conditions	Up to 100% of the LAMR from DSP	Unlimited	<p>Must be prescribed and supplied by the chosen DSP doctor.</p> <ol style="list-style-type: none"> 1. Subject to the KeyCare acute medicine formulary and protocols
	TTO medicine as prescribed while in hospital.	100% of LAMR	R200per admission	<ol style="list-style-type: none"> 1. Payable from MMB if included in the Hospital account. 2. PMB TTO at cost.
	Over-the-Counter Medication (Schedule 0, 1 and 2, generic or non-generic, whether prescribed or not)	-	No benefit	No benefit.
18.	Chronic Kidney Dialysis and organ transplants (includes authorised related medicines)	Up to 100% of LAHR 100% of cost for PMB's Up to 100%of LAMR	Unlimited	<ol style="list-style-type: none"> 1. Co-payment of 20% if performed by a non-Network DSP. Subject to PMB's and Annexure G. 2. Subject to authorisation and/or approval and treatment meeting the Scheme's clinical criteria. 3. Medicine for Immuno suppressive therapy covered according to PMB formulary, subject to authorisation.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
19.	<p>Oncology including Chemotherapy and Radiotherapy (including stem cell transplants and Brachytherapy for Prostate cancer)</p> <p>Oncology-related Positron Emission Tomography (PET) Scans</p>	<p>100% of LAHR 100% of cost for PMB's at DSP</p> <p>Up to 100% of LAHR from MMB</p>	<p>Unlimited, save as provided for elsewhere in these Rules</p> <p>Up to maximum of 4 scans per person per treatment cycle</p>	<p>1. Paid from MMB if obtained from the Scheme's DSP provider(s), subject to PMB requirements and clinical protocols. If member voluntarily makes use of a non-DSP then a 20% co-payment will apply Locally sourced Stem Cell Transplant benefit subject to authorisation, clinical criteria and review.</p> <p>2. Oncology medicine is subject to being obtained from a DSP pharmacy, and the medicine being on the Scheme's list of preferred medicine.</p> <p>Subject to authorisation and clinical criteria, co-payment of 20% at a non-DSP Network provider or non-Keycare hospital. Subject to peer-review by a designated panel of external specialists.</p>
20.	<p>Radiology and Pathology</p> <ul style="list-style-type: none"> In Hospital Out of Hospital Selected basic x-rays obtained from the Network of radiographers Selected basic blood tests MRI or CT scans In Hospital Out of hospital <p>Scopes</p> <ul style="list-style-type: none"> In Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy Out of Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy 	<p>Up to 100% of the LAHR</p> <p>Up to 100% of the LAHR</p> <p>Up to 100% of the LAHR</p> <p>Up to 100% of the LAHR</p> <p>Up to 100% of the LAHR</p> <p>Up to 100% of the LAHR</p> <p>Up to 100% of the LAHR</p>	<p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited Limited to the Specialist limit of R5,000 per person per year if scan is not related to an authorised admission</p> <p>Subject to the Specialist limit of R5,000 per person per year</p> <p>Unlimited</p> <p>Unlimited</p>	<p>1. Pathology services in hospital subject to Preferred Provider Network.</p> <p>2. Where the service of a non-Preferred Provider is used, the claim will be paid directly to the member.</p> <p>3. Point of care Pathology testing subject to the Scheme's treatment guidelines and managed care criteria.</p> <p>Covered only if requested by a member's chosen DSP doctor.</p> <p>1. Subject to a list of procedure codes and PMB.</p> <p>Covered only if requested by a member's chosen DSP doctor.</p> <p>1. Point of care Pathology testing subject to the Scheme's treatment guidelines and managed care criteria.</p> <p>Subject to authorisation and treatment meeting the Scheme's treatment guidelines and managed care criteria.</p> <p>Covered only if performed by one of the Scheme's Network providers for non-PMB's. Requires referral by KeyCare Network GP. Co-payment of 20% for elective PMB's performed at a non-KeyCare provider.</p> <p>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.</p> <p>Subject to PMB's and pre-authorisation. Paid from MMB.</p>

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
25.	Advanced Illness Benefit Out-of-hospital palliative care for members with life limiting conditions, including cancer, subject to PMB.	100% of cost up to LAHR	Unlimited	Subject to authorisation and the treatment meeting the Scheme's guidelines and managed care criteria. Paid from MMB.
26.	Medical Equipment Benefit Mobility Devices Wheelchairs, long leg calipers, crutches, etc.	Up to 100% of the LAHR	R5 720 per family per year	Subject to authorisation: 1. Payable from MMB only if requested by the member's chosen KeyCare Network GP. 2. Covered in full up to the limit, only if obtained at DSP. If DSP is not used, a 20% co-payment will apply. 3. This benefit will be pro-rated if the member joins during the year.
	Oxygen rental	100% of cost up to LAHR	Unlimited	1. Covered in full only if obtained at DSP. If DSP is not used, then a 20% co-payment will apply.
27.	Auxiliary Services Audiology, Occupational or Speech Therapy, Chiropody/Podiatry, Dietetics, Homeopathy, Naturopathy, Chiropractics, Acupuncture and any other registered Auxiliary service	-	No Benefit, Subject to PMB's	No Benefit, Subject to PMB's
28.	Screening Tests A. Group of screening tests at a Pharmacy 1. Blood Glucose Test 2. Blood Pressure Test 3. Cholesterol Test 4. Body Mass Index (BMI)	Up to 100% of the LAMR	Paid once per beneficiary per year for one or all of the 4 listed screening tests	1. Payable from MMB only if services were obtained in the Scheme's contracted network of pharmacies.
	B. Screening tests for children between ages 2 and 18 years of age: 1. Body Mass Index (BMI) and counselling where appropriate 2. Hearing screening 3. Dental screening 4. Milestone tracking for children under the age of 8	Up to 100% of the LAHR	Paid once per beneficiary per year for one or all of the 4 listed screening tests	1. Paid from MMB only if services were obtained from the Scheme's DSP.
	C. Seniors screening benefit Group of age-appropriate screening tests for persons 65 years and older	Up to 100% of the LAHR	Unlimited	1. Subject to meeting the Scheme's clinical entry criteria and the services being obtained at a network provider. Paid from MMB..
	D. Other screening tests HIV, Breast Cancer (Mammogram), Cervical Cancer (Pap Smear) and Prostrate-Specific Antigen (PSA)	Up to 100% of the LAHR	1 Mammogram every 2 years 1 Pap smear every 3 years 1 PSA test person/year	1. Subject to meeting the Scheme's clinical criteria. 2. Consultation paid from available day-to-day benefits or member's own pocket when benefits are exhausted. PMB paid from MMB. 3. Subject to PMB's
	Colorectal cancer screenings for persons aged 45 to 75 years		1 Faecal occult blood test or immunochemical test every 2 years per person	
	Additional cover for Mammogram, Breast MRI, BRCA or repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk	Up to 100% of LAHR	Unlimited, but once off BRCA testing allowed One colonoscopy per person	Subject to meeting the Scheme's clinical criteria. Consultation paid from available day-to-day benefits or members own pocket when benefits are exhausted.

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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	Screening Tests E. Additional comprehensive screening assessment For at risk persons F. Additional screening benefit for 1. Primary healthcare screening services for visual, hearing, dental and skin conditions 2. Physical well-being screening at a dietician, biokineticists and/or physiotherapist 3. Women and men's screening and prevention healthcare services 4. Screening and prevention healthcare services for children Cover for a defined list of registered screening and health monitoring devices G. Defined Diabetes and Cholesterol screening tests	Up to 100% of the LAHR Up to 100% of the LAHR Up to 100% of the LAHR	One consultation per beneficiary per year at 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	1. Paid from MMB. 2. Subject to meeting the Scheme's clinical entry criteria and treatment guidelines. 3. Services must be provided by an accredited Network GP 1. Subject to completion of the group of tests as set out in Screening Benefit A and Screening Benefit C. 2. The benefit is available for a maximum of 2 two years for existing members. 3. For any beneficiary joining the Scheme, the benefit is available in the year of joining and the year thereafter. Subject to the Scheme's clinical entry criteria, treatment guidelines and protocols. 1. Applies for specific test codes only. 2. Subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.
29.	Preventative Care Flu vaccination Pneumococcal vaccination	Up to 100% of the LAHR Up to 100% of the LAMR	1 flu vaccination per beneficiary per year Up to two vaccine doses per person per lifetime	1. Subject to meeting the Scheme's clinical criteria. 2. Seasonal flu vaccines in excess of the annual limit payable by the member. 3. Consultation and other services to administer the vaccine paid from MMB. 1. Paid from MMB. 2. Subject to protocols and clinical criteria. 3. Vaccines in excess of the limit, consultation and other healthcare services to administer the vaccine, paid by the member.
30.	WHO Outbreak Benefit Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks: 1. COVID-19 2. Monkeypox	100% of cost up to the LAHR, subject to PMB	Limited to a basket of care as set by the Scheme per condition	1. In addition to the cover set out in Annexure G of these Rules. 2. Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable. 3. Subject to the condition and treatment meeting certain clinical criteria and protocols.

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LIMITATION AND EXCLUSION OF BENEFITS

With due regard to the Prescribed Minimum Benefits, the exclusions listed in Annexure C of the Main Body to these Rules will automatically apply to the LA KeyPlus Option. In addition, the following exclusions will apply to these plans:

1. All cosmetic treatment including, but not limited to, septoplasties, osteotomies, and nasal tip surgery
2. Benign breast disease
3. All costs relating to cochlear implants, processors, and hearing aids
4. All costs relating to auditory brain implants
5. All costs relating to internal nerve stimulators
6. All costs relating to joint replacements
7. Back surgery
8. Neck surgery
9. Knee and shoulder surgery
10. In-hospital management of:
 - Conservative back treatment
 - Conservative neck treatment
 - Dentistry (services of surgical procedures which involve the hard or soft tissues of the mouth)
 - Skin disorders (non- life-threatening) including benign growths and lipomas
 - Nail disorders
 - Investigations and diagnostic work-up
 - Endoscopic procedures
 - Functional nasal problems and functional sinus problems
11. Surgery for oesophageal reflux and hiatus hernia repairs
12. Removal of Varicose Veins
13. Correction of Hallux Valgus/Bunion and Tailor’s Bunion/Bunionette
14. Surgery and other healthcare services to correct refractive errors of the eye
15. Elective Caesarean Section except in cases where it is medically necessary

The Scheme will also not cover any healthcare expenses related directly or indirectly to these healthcare services.

Nothing contained in this Annexure will be construed to exclude the application of the general exclusions set out in Annexure C.



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CHRONIC DISEASE LIST: CDL (AS PER REGULATIONS UNDER THE MEDICAL SCHEMES ACT)

Addison's Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic Obstructive Pulmonary Disease	Hypothyroidism
Chronic Renal Disease	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
Crohn's Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Types 1 & 2	Systemic Lupus Erythematosus
Dysrhythmias	Ulcerative Colitis

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