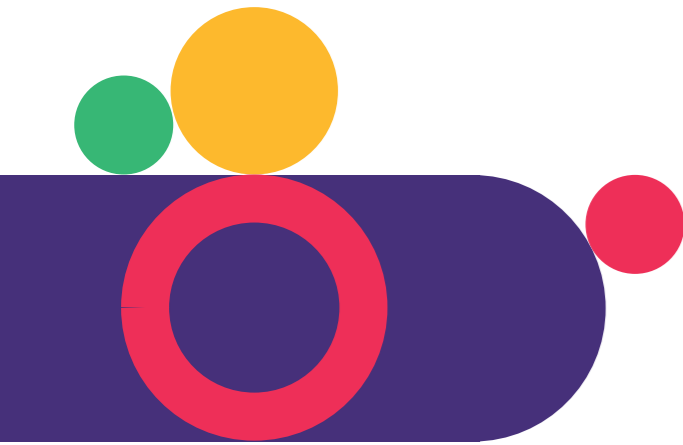




Plan
2024
Comparison

WE'RE IN IT FOR YOUR HEALTH





LA KEYPLUS	LA FOCUS	FOLD	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	Any hospital in a Province with a coastline and specific hospitals in the other Provinces are the Designated Service Providers (DSP) for non-PMB care. KeyCare Network hospitals are the DSPs for PMB care. Day Surgery facilities are the DSPs for certain listed procedures.		These Benefit Options have a Major Medical Benefit for all in-hospital and large expenses KeyCare Network hospitals are the Designated Services Providers (DSP) for PMB in-hospital care Specific Day Surgery facilities are the DSPs for certain listed procedures or treatment	These Benefit Options provide cover for the Prescribed Minimum Benefit Chronic Disease List medicine as well as for several Additional Chronic conditions	
These Benefit Options provide medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions					
To get full cover for out of hospital care, members must use the services of a GP 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, The treatment needed must match the treatments in the defined benefits. You must use the services of Designated Service Providers (DSPs) condition has stabilised. If your treatment doesn't meet the criteria, we will pay up to 80% of the LA Health Rate (LAHR). You will be responsible		a defined list of 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. in our network – this does not apply in 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 for the difference between what we pay and the actual cost of your treatment	
MSA	Medical Savings Account	Not offered on this Option	Pays for day-to-day medical expenses like GP consultation fees, M R8 712 S/A R5 628 C (max 3) R2 556	prescribed and over-the counter medicine, radiology and pathology as long as you have MSA available M R8 172 S/A R5 916 C (max 3) R3 384	M R12 156 S/A R10 620 C (max 3) R4 884 M R15 108 S/A R8 760 C (max 3) R3 828
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 911 S/A R4 132 C (max 3) R1 192	Not offered on this benefit option M R7 845 S/A R5 479 C (max 3) R2 134
ATB	Above Threshold Benefit	Not offered on these benefit options		Provides unlimited day-to-day healthcare cover once the Annual Threshold is reached, but specific annual benefit limits may apply. ANNUAL THRESHOLD: M R20 340 S/A R13 872 C (max 3) R6 108	
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 Approved cover for these devices will not affect your day-to-day benefits, but are subject to clinical criteria and specific limits that apply		criteria, baskets of care and management by the Scheme's Designated Service Providers. Includes benefits for home monitoring devices. On LA KeyPlus Hospital at Home providers are the DSPs for certain conditions.	
	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	Discovery 911 is the DSP for all medical emergency transport. Paid from Major Medical Benefit; no overall limit															
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 Scheme's preferred product list, paid up to the LA Health Rate. All claims scan. You have access to local bone marrow donor searches and stem Applicable threshold: R240 800	in the 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 accumulate to 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 cell transplant up to the agreed rate, subject to clinical protocols, review and approval	Applicable threshold R481 500												
	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 550 per drug-eluting stent and R6 400 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													
DENTISTRY	Dentistry in hospital	Not covered on this benefit option	<p>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.</p> <table border="1" data-bbox="1416 808 2515 927"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R2 490</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R6 300</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R1 220</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R4 130</td> </tr> </table> <p>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, including those for non-Network dentists, anaesthetists, etc.) subject to a limit of R27 840 per person per year</p> <p>Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R27 840 per person per year</p> <p>Related, non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to a joint limit of R36 780 for in-and out-of-hospital specialised dentistry per person per year</p> <p>RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL Paid from MSA</p> <p>Paid from and limited to funds in MSA/EDB</p> <p>Paid from MSA/ATB, subject to joint limit of R19 000 per person per year for in- and out-of-hospital basic dentistry</p>			Hospital	Younger than 13 years	R2 490		Older than 13 years	R6 300	Day Clinics	Younger than 13 years	R1 220		Older than 13 years	R4 130
	Hospital	Younger than 13 years	R2 490														
	Older than 13 years	R6 300															
Day Clinics	Younger than 13 years	R1 220															
	Older than 13 years	R4 130															
Dentistry out of hospital	Specialised dentistry not covered on this Option Basic Dentistry: no overall limit, subject to a list of procedures from a dentist in the KeyCare Network	<p>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</p> <p>Paid from and limited to funds in MSA/EDB</p> <p>Paid from MSA/ATB, subject to joint limit of R36 780 per person per year for in- and out-of-hospital specialised dentistry</p> <p>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.</p> <p>First R4 515 per family payable from MMB. Thereafter paid from MSA/EDB.</p> <p>Paid from MSA /EDB</p> <p>Paid from MSA/ATB, subject to joint limit of R19 000 per person per year for in- and out-of-hospital basic dentistry</p>															

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LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

DENTISTRY

Dental Trauma Benefit	Not available on this benefit option
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In-Hospital Paid from the Major Medical Benefit. Subject to pre-authorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic					
Hospital	<table border="1"> <tr> <td>Younger than 13 years</td> <td>R2 490</td> </tr> <tr> <td>Older than 13 years</td> <td>R6 300</td> </tr> </table>	Younger than 13 years	R2 490	Older than 13 years	R6 300
Younger than 13 years	R2 490				
Older than 13 years	R6 300				
Day Clinics	<table border="1"> <tr> <td>Younger than 13 years</td> <td>R1 220</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 130</td> </tr> </table>	Younger than 13 years	R1 220	Older than 13 years	R4 130
Younger than 13 years	R1 220				
Older than 13 years	R4 130				
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 R64 940 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
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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 R6 000 per family, subject to DSP. If the DSP is not used, then no benefit	Prosthetic limbs, eyes and other external prostheses, orthopaedic Limited to one wig per beneficiary per year. Wigs for non-oncology Paid from the MSA	appliances (including wheelchairs and crutches), nebulisers, glucometers, diabetic equipment, low vision devices, diagnostic agents and appliances, stoma bags, bandages, hearing aids and wigs, subject to PMB. alopecia as requested by a dermatologist or as prescribed Paid from MSA/ATB. Limited to R34 050 per family with a sub-limit of R22 770 per family for hearing aids and R5 000 per wig per person per year Paid from Major Medical Benefit, subject to clinical criteria and approval
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 500 per person per year	Subject to the External appliances / devices benefit	
Continuous blood glucose monitoring	Not offered on this Option	R1 800 per person per month for sensors only, subject to an annual Paid from MMB for persons registered on the Diabetes Management payable from MSA	co-payment of R900 per adult or R1 800 per paediatric beneficiary. Readers or Transmitters limited to R4 900 per device, R1 800 per person per month for sensors only, subject to an annual co-payment of R1 300 per adult or R1 800 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R4 900 per device, payable from MSA

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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 Network GP 2 out-of-network clinic-based visits per person per year and selected blood tests, X-rays and acute medicines ordered by the clinic or nurse or the out-of-network Dr, if referred by the nurse 1 Casualty/outpatient Benefit (excluding facility fees) per person at a Network hospital, subject to a R475 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
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HOSPITAL AND DAY SURGERY COVER Subject to preauthorisation and clinical entry criteria

<p>Pre-operative Assessment for the following major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy</p>	<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>			
<p>Private Hospital, including pathology, radiology, physiotherapy, blood transfusions, other blood products and allied treatment authorised as part of the event/procedure</p>	<p>Unlimited cover in a general ward</p> <p>Full cover if you use a hospital in the KeyCare Hospital Network and at 100% of the LA Health Rate for treatment or procedures that are not PMBs, if a non-network hospital is used. Planned procedures paid for in Network Hospitals only</p>	<p>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 and you must pay the difference. All other authorised in-hospital treatment and care paid at the LA Health rate</p>	<p>You are covered in any private hospital approved by the Scheme, subject to authorisation</p> <p>If the procedure is a PMB, you must make use of the services of a PMB Hospital in the KeyCare Network of hospitals</p>	<p>You are covered in any facility approved by the Scheme. If the service of a DSP facility is not used, a R6 700 deductible applies to the facility account</p>
<p>Day Surgery Procedures</p>	<p>You are covered in any facility approved by the Scheme. The facility must be in the LA KeyPlus Network of Day Surgery Facilities. The Day Surgery Network is the DSP for certain procedures</p>	<p>You are covered in any facility in the LA Focus Network of Day Surgery Facilities. If the DSP service is not used, a R6 700 deductible applies to the facility account</p>	<p>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>	
<p>Spinal or colorectal care and surgery</p>	<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</p>	<p>In- and out-of-hospital management of spinal or colorectal care and surgery</p> <p>Out-of-hospital conservative spinal treatment subject to a basket of care</p>	<p>and other related treatment</p>	
<p>Hospitalisation for select members with one or more chronic conditions</p>	<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</p>	<p>Subject to stated benefits in each of these benefit options for In-Hospital</p>	<p>and other related treatment</p>	

MANAGED CARE PROGRAMMES

<p>HIVCare Programme</p>	<p>Subject to PMB. Unlimited, paid at cost subject to clinical criteria and guidelines</p>			
<p>Diabetes and Cardio Care Programme</p>	<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</p>		<p>on the Chronic Illness Benefit.</p>	
<p>Disease Prevention Programme to manage Cardio-metabolic syndrome</p>	<p>Coordinated by eligible beneficiary's Primary Care GP, supported by Dietitians and Health Coaches. Subject to PMB. Non-PMB and other related services covered in a treatment basket, subject to registration by the DSP Network GP and the beneficiary having undergone the adult Screening Tests</p>			
<p>Mental Care Programme</p>	<p>Subject to PMB. Non-PMB and other related services covered in a treatment basket, subject to referral by DSP Network GP and participation on</p>		<p>the Chronic Illness Benefit</p>	

LA KEYPLUS

LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

REPRODUCTIVE HEALTH

Assisted reproductive therapy	Not covered on these benefit options			Limited to R128 830 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 995 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				

MEDICINE BENEFITS

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 dispenses the medicine. 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	Approved medicine on our medicine list covered in full when you use a monthly CDA, whether on the medicine list or not		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								
Acute / prescribed medicine, including take-home prescribed medicine at discharge from hospital	Acute medicine covered with no overall limit from Designated Service Provider. Medicine when discharged from hospital limited to R210 per admission.	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		<p>Medicine for Additional Disease List conditions limited to</p> <table border="1"> <tr> <td>M R13 520</td> <td>M+ R26 835</td> </tr> </table>			M R13 520	M+ R26 835				
M R13 520	M+ R26 835											
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 765 per person per year		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								
Specialised Medicine and Technology Benefit	Not covered on these benefit options			Paid from MSA/EDB up to 100% of the cost. Certain unregistered supplements subject to a limit of R1 765 per person per year								
				<p>Medicine for Additional Disease List conditions limited to</p> <table border="1"> <tr> <td>M R6 610</td> <td>M1 R13 305</td> <td>M2 R15 400</td> </tr> <tr> <td>M3 R17 515</td> <td>M4 R18 970</td> <td>M5+R20 855</td> </tr> </table>			M R6 610	M1 R13 305	M2 R15 400	M3 R17 515	M4 R18 970	M5+ R20 855
M R6 610	M1 R13 305	M2 R15 400										
M3 R17 515	M4 R18 970	M5+ R20 855										
				<p>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</p> <table border="1"> <tr> <td>M R12 375</td> <td>M1 R15 830</td> <td>M2 19 080</td> </tr> <tr> <td>M3 R22 005</td> <td>M4+25 040</td> <td></td> </tr> </table>			M R12 375	M1 R15 830	M2 19 080	M3 R22 005	M4+ 25 040	
M R12 375	M1 R15 830	M2 19 080										
M3 R22 005	M4+ 25 040											
				<p>Paid from MSA up to 100% of the cost without accumulation to the Threshold. Certain unregistered supplements subject to a limit of R1 765 per person per year</p> <p>Subject to authorisation. Paid at the LA Health Medicine Rate up to R240 800 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</p>								

LA KEYPLUS

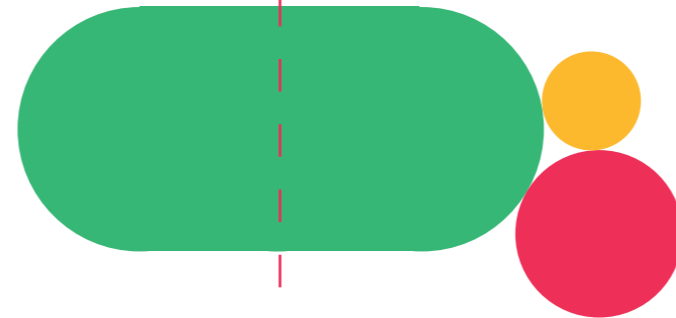
LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

	LA KEYPLUS	LA FOCUS	LA ACTIVE	LA CORE	LA COMPREHENSIVE
MENTAL HEALTH BENEFITS	PMB	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	
	PMB Alcohol or drug abuse-related treatment and care	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	
	Out of hospital, non-PMB mental health benefits	Paid from the applicable benefits, subject to the use of the Network DSP providers' services Psychiatrists paid subject to the Specialist limit of R5 300	Paid from MSA	Paid from MSA/EDB	Paid up to the LA Health Rate, subject to the Out of Hospital non-PMB limit of R23 850 per family for non-PMB mental health care. Includes a sub-limit of R7 900 per beneficiary for non-PMB treatment and care related to alcohol and substance abuse
OPTICAL	Optical	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		Paid from the Medical Savings Account/Extended Day-to-day Benefit	
ORGAN TRANSPLANTS	Organ transplants, including bone marrow/ stem cell transplants	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		Subject to PMB. Paid at cost/up to the LA Health Rate, subject to authorisation and clinical criteria. Stem cells must be locally sourced	



LA KEYPLUS

LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

OTHER SERVICES	IN-HOSPITAL	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria				
	OUT-OF-HOSPITAL	Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc.)	Not covered on this Option	Limited to funds in the Medical Savings Account		Limited to funds in the Medical Savings Account or Above Threshold Benefit
		Nurse practitioners	Not covered on this Option, except for PMB	Limited to funds in Medical Savings Account		Paid up to a limit of R13 870 per family from Medical Savings Account or Above Threshold Benefit
		Unani-Tibb therapy	Not covered on this Option	Limited to funds in Medical Savings Account		Limited to funds in the Medical Savings Account with no accumulation to the Threshold
SCREENING AND PREVENTION	Screening benefits for adults and children	We cover certain tests at a wellness network provider: blood glucose, blood pressure, cholesterol and body mass index, screening tests for for a group of age appropriate screening tests for persons who are older than 65 years We also cover a mammogram or ultrasound of the breast every two years, Pap smear every three years, PSA (a prostate screening test) Additional, and/or more frequent screening is available for those who meet our clinical criteria		children between 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 once a year, 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.		
	Vaccines (excluding those for influenza and COVID-19)	Other vaccines are covered from the day-to-day benefits that apply for the specific benefit option				



LA KEYPLUS

LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

PATHOLOGY AND RADIOLOGY

Pathology	Out of hospital pathology services up to the LA Health rate. Jointly limited to the Specialist Services limit of R5 300 per person per year. Includes benefits for services rendered in a casualty/outpatient facility
Gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy	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
MRI and CT Scans and ultrasounds	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 300 per person per year Out of hospital scans paid from the Specialist Benefit limit of R5 300, if referred by KeyCare GP
Radiology, including X-rays	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 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 Requests from specialists covered up to the R5 300 specialist limit

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.			
OUT OF HOSPITAL Paid from MSA	OUT OF HOSPITAL Paid from MSA/EDB	OUT OF HOSPITAL Paid from MSA/ATB	
IN HOSPITAL First R3 500 of Hospital account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA	IN HOSPITAL First R3 500 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	IN HOSPITAL Paid up to the LA Health Rate, subject to authorisation	
OUT OF HOSPITAL Paid from MMB. Unlimited, subject to preauthorisation. Related accounts	paid from available day-to-day benefits as per the specific benefit option.		
In hospital scans: Unlimited, paid up to 100% of the LA Health Rate			
OUT OF HOSPITAL The first R3 500 of the scan paid from the MSA. The remainder of the	account is paid from Major Medical Benefit.	OUT OF HOSPITAL Unlimited up to the LA Health Rate	
In hospital: Paid from MMB, subject to authorisation			
Paid from MSA	Paid from MSA/EDB		Paid from MSA/ATB

PROSTHESES

Internal prostheses	Unlimited and paid up to the LA Health Rate, subject to clinical criteria 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
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Cochlear implants, implantable defibrillators, internal nerve stimulators Spinal devices/prostheses: Unlimited if obtained from Designated Service Shoulder replacement prostheses: Unlimited if obtained from the Major joint replacements, including hip and knee replacements: Scheme's Preferred Provider and limited to the applicable negotiated Internal prostheses not mentioned elsewhere in this brochure: Paid up	and auditory brain implants paid up to R248 300 per person per year, subject to preauthorisation. Provider. If the Network Provider is not used, paid up to the negotiated Network rate per level up to a maximum of two levels per beneficiary per year. Scheme's Preferred Provider. Limited to the applicable negotiated Network rate per device, per admission if from a non-Preferred Provider. Paid subject to the use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited from the Network rate per device, per admission, if obtained from a non-Preferred Provider. to the LA Health rate, subject to preauthorisation and clinical criteria
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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 LA Health Rate. Other renal care-related treatment and educational care not covered on this Option
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Acute and chronic dialysis unlimited paid at cost for PMB treatment	and up to the LA Health rate for other services: Unlimited, subject to the approval of a treatment plan and the use of the services of the DSP. Co-payments will apply if the DSP is not used
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LA KEYPLUS

LA FOCUS

LA ACTIVE

LA CORE

LA COMPREHENSIVE

SPECIALISTS	Specialist consultations In Hospital: On referral from the Network GP, full cover for a Specialist in the LA KeyPlus Network. Paid up to the LA Health Rate if the in-hospital services of other specialists are used Limited to R5 300 per person for out-of-hospital services, only if referred by the KeyCare Network GP. This limit includes benefits for radiology and pathology Second-opinion international clinical review consultations obtained from specialists at the Cleveland Clinic paid from Major Medical Benefit to a	IN HOSPITAL Paid up to the agreed rate for services provided by the DSP specialists Out of hospital paid from MSA Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted	and up to the LA Health Rate when the services of non-DSP Specialists are used Out of hospital paid from MSA/EDB Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA/EDB is depleted maximum of 75% of the cost of the consultation. Subject to preauthorisation	Out of hospital paid from MSA/ATB Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted and before the Threshold is reached, but do not accumulate to the Threshold
	Cover for specific trauma-related incidents Benefits are paid up to the end of the year following the one in which the traumatic event occurred, subject to the use of the Scheme's	Designated Service Providers, clinical entry criteria, and certain limits. There are specific benefits for the person affected by the trauma and for the registered beneficiaries who are indirectly affected.		
WHO OUTBREAK BENEFIT	Out of hospital management and appropriate supportive treatment for World Health Organization recognised disease outbreaks 1. COVID-19, subject to PMB 2. Monkeypox Limited to a basket of care set by the Scheme per condition. Subject to obtaining the service from the Scheme's preferred providers / DSPs, where applicable, and further subject to the condition and the	treatment meeting certain clinical criteria and guidelines.		
WELLTH FUND	WELLTH Fund Primary healthcare screening services for visual, hearing, dental and skin conditions; Physical well-being screening at a dietitian, biokineticist monitoring devices 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 Subject to completion of basic screening tests. Subject to the use of Network providers (where applicable), clinical entry criteria, treatment guidelines Available to all existing LA Comprehensive, LA Core, LA Active and LA Focus members from 1 January 2024 to 31 December 2025 and for LA KeyPlus from	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 per lifetime; up to a maximum of R10 000 per family and protocols. 1 January 2023 to 31 December 2024. New members joining have access to the benefit from their joining date to the end of the next year.		

M = Member; S/A = Spouse/Adult C = Child; DSP = Designated Service Provider; MMB = Major Medical Benefit

TOTAL CONTRIBUTIONS	Remember members may be in receipt of a subsidy, and will only have to pay a portion of the total contribution. Their portion of this total contribution will have to be calculated on					their subsidy level, taking into account the maximum subsidy value paid by the employer				
		Income	Member	Adult	Child	Maximum for 3 child dependants	Member	Adult	Child	Maximum for 3 child dependants
	LA KEYPLUS	R0 – R11 100	R1 390	R1 214	R508	R1 524	R2 904	R1 875	R 852	R2 556
		R11 100 – R15 500	R1 465	R1 282	R535	R1 605	R3 539	R2 380	R1 174	R3 522
		R15 501+	R2 207	R1 964	R824	R2 472	R6 998	R6 317	R2 091	R6 273
						LA FOCUS	R9 379	R7 161	R2 274	R6 822
						LA ACTIVE				
						LA CORE				
						LA COMPREHENSIVE				



We're in it for
your health

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@LAHEALTHMS.CO.ZA ● REPORT FRAUD ANONYMOUSLY 0800 004 500



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