

LA KeyPlus is an affordable benefit option providing full cover and access to a network of carefully selected KeyCare healthcare providers

Benefits Covered



Emergency medical transport
(with authorisation)



Unlimited network hospital admissions /emergency visits
(with authorisation)



Unlimited GP visits +
small procedures with chosen network GP



Maternity + post-natal care
up to **2 years** after birth.



Specialist visits
(when referred by chosen GP)



Network nurse consultations



Flu vaccination within network



Chronic medicine
(for conditions listed on the Scheme)



Screening assessment within network

To get full cover



Choose 1 network GP

- Use for all medical needs
(unless they refer you to another network provider)



Choose from 420 network clinics for nurse consults

- 220 Clicks pharmacies
- Certain Unjani + Netclinic facilities



Use network hospitals for

- All hospitalisation
- All emergency needs



Get authorisation

- When you plan to go to hospital for an operation or treatment, or in an emergency

For more info:

Call the LA Health Call Centre on 0860 103 933

Visit the **LA Health website**

Network hospitals listed here



Ensure your KeyCare doctor prescribes listed medicines



Find listed medicines

For more on LA KeyPlus, read the **LA KeyPlus one-pager** or the **benefit brochure**.

About Your PMBs
(Prescribed Minimum Benefits)



Cover that the Scheme has to provide according to the Medical Schemes Act



Basic benefits covered for certain medical condition



Diagnosis, treatment and care covered for:

- Life-threatening emergency medical conditions
- 271 listed medical conditions
- 27 listed chronic conditions



Ensures continuous affordable care (even if other benefits run out).



To get the benefits, you have to meet the clinical criteria + use a network provider.

Find out more here

You have access to the **WELLTH Fund**.
R10 000 in additional screening benefits.



Once-off benefit offering R10,000 additional cover for you and your family



Covers a wide range of screening + preventative care services



Beneficiaries must be 2 years or older



Benefit available for up to 2 years after activation
(the first year you join till the end of the following year.)



To activate: complete screening assessments for each beneficiary
at a network provider (covered in full)



Available Fund limit depends on number and age of registered dependants:

- R2 500 per adult,
- R1 250 per child over 2 years

Maximum overall limit = **R10 000 per family**

Find out more here