COMPARISON 2020



LA KEYPLUS

International clinical review consultation

Services provided by a KeyCare Network GF

Services provided by a KeyCare Network GP.

Casualty/outpatient Benefit (excluding facility fees).

General Practitioners (GPs)

IN-HOSPITAL

OUT-OF-HOSPITAL

Out-of-network Benefit

vides hospital cover, Prescribed Minimum Benefit Chronic Disease List cover; and day-to-day medical expense benefits. The KeyCare Network is the Designated Service Provider for in-hospital, day clinic and out-of-hospital benefits. Members must use a KeyCare network hospital for non-emergency and other procedures, or a defined list of day care facilities for specific procedures or treatment. To get full cover, members must also use the services of GPs in the KeyCare network and that of KeyCare Specialists working

OVERALL ANNUAL LIMITS		
Hospital Benefit.		No overall annual limit for care in a KeyCare Network hospital
AMBULANCE SERVICES	6 -3	
Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation).		Paid from Major Medical Benefit; no overall limit.
BLOOD TRANSFUSIONS AND BLOOD PRODUCTS	\Diamond	
Blood transfusions and blood products, subject to preauthorisation.		Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
DENTISTRY	\square	
Maxillo-facial procedures: Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation.		Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
Dentistry in-hospital.		Not covered on this Option.
Dentistry out-of-hospital.		SPECIALISED DENTISTRY Not covered on this Option
		BASIC DENTISTRY Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network.
CONSULTATIONS	å	
Specialists In-Hospital.		No overall limit if services are provided by a specialist working in a KeyCare Network Hospital. For the account to be paid, your chosen KeyCare Network GP must refer you to the Specialist. If you go to a Specialist without a referral, the account will not be paid. We pay Specialists with whom we have a payment arrangement in full at the arranged rate. We pay other Specialists working in a KeyCare Network Hospital at the Scheme Rate.
Out-of-hospital.		Limited to R4 400 per person, only if referred by the chosen KeyCare GP

No overall limit, paid in full only if the services of a KeyCare Network GP is used.

specialists in full, at the agreed rate. If you go to a specialist without a GP referral,

paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

the account will not be paid.

Covered only at the member's chosen GP working in the KeyCare network, with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary authorisation is required for those additional visits. Unscheduled, emergency visits, limited to three visits, per person, per year, at member's chosen GP. Four out-of-network GP visits per person per year and 4 each of selected blood test X-rays and acute medicines (subject to a formulary) requested by the non-network Gi

Visits to casualty units at Hospitals in the KeyCare Network, limited to 1, per beneficiary, per benefit year, subject to authorisation. The first R390 of the casualty unit cost payable by the beneficiary; the remainder paid from the Major Medical Benefit up to 100% of the Scheme Rate. Pathology, radiology and Specialist services obtained whilst at the casualty unit, paid subject to the applicable limits for those benefits in this Option. No benefit for casualty visits at non-Network Hospitals

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit. Subject to clinical entry criteria and registration on the HIVCare Programme. If the services of a

lo overall limit and paid in full from Major Medical Benefit for treatment authorised

Emergency admissions in a non-Network Hospital, subject to PMB, Paid at 100% of the Scheme Rate. Patient to be transferred to a Network Hospital once stabilised. No cover for planned procedures in a non-Network Hospital.

Unlimited, subject to preauthorisation and clinical criteria. The specific services must

Subject to registration on the Disease Management Programme, authorisation and clinical criteria. Paid up to 80% of the Scheme Rate for the Hospital and Related

8 Antenatal consultations with the chosen GP, gynaecologist or midwife,

One Nuchal translucency test or one Non Invasive Prenatal (NIPT) test

or one T21 Chromosome test, subject to clinical entry criteria.

2 x 2D Ultrasound scans per pregnancy (3D and 4D scans will pay up to the Scheme Rate for a 2D scan).

5 Pre-or postnatal antenatal classes or visits with a registered nurse.

2 Visits to a KeyCare Network GP, Paediatrician or ENT Specialist.

1 Consultation with a nurse or lactation specialist.

Not covered on this Option, except PMBs.

1 GP or Gyneacologist's consultation related to post-natal complications.

1 Nutritional assessment at a dietician. 2 Post-natal mental health consultations with a Network GP, psychologist or counsellor.

We will pay your approved medicine in full up to the LA Health Medicine Rate if it is

Provider (DSP) pharmacy. If it is not on the list and/or a DSP pharmacy is not used,

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network Provider. Paid from the Major Medical Benefit.

a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network.

overed with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to

non-DSP is used, a 20% co-payment will apply.

be obtained from a DSP day-care facility.

subject to applicable limits.

Unlimited, subject to preauthorisation and clinical criteria

HIV OR AIDS HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related

HOME-BASED CARE Includes wound care, end-of-life care, IV infusions, postnatal care, etc. Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation clinical criteria and management by the Scheme's Designated Service Provider.

HOSPITALS Hospitalisation, theatre fees, intensive and high-care unit costs, medicine materials and hospital equipment

Procedures or treatment at identified day-care facilities. INTRAVENOUS INFUSIONS

DAY-CARE FACILITIES

Subject to authorisation and clinical criteria, from a Network provider. A 20% co-paymen applies to the hospital account for treatment obtained from a non-Network provider. Administration of defined intravenous infusions and medicine used during the procedure HOSPITALISATION FOR MEMBERS WITH ONE OR MORE CHRONIC CONDITIONS

Non-emergency hospital admissions for certain members with one or more significant

MATERNITY BENEFIT (Subject to registration on the Maternity Programme) Out of hospital services related to pre- and postnatal care for the mother and baby. Cover during the pregnancy.

Cover for the newborn baby or toddler up to the age of 2 years. Cover for the mother of the baby for up to two years after the birth.

MEDICINE Prescribed Minimum Benefit Chronic Disease List conditions subject to clinical entry criteria and approval. Diabetes Care and Cardio Care Programmes

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Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not), Specialised Medicine and Technology benefits. Take-home medicine (when discharged from hospital).

Limited to R175 per hospital admission per person

OPTION DESCRIPTION

OVERALL ANNUAL LIMITS Hospital Benefit. Extended Day-to-day Benefi Medical Savings Account AMBULANCE SERVICES Emergency transport subject to preauthorisation (member must call Discovery 911 for authorisation BLOOD TRANSFUSIONS AND BLOOD PRODUCTS Blood transfusions and blood products, subject to preauthorisation.

DENTISTRY Maxillo-facial procedures: Certain severe infections, jaw-joint replacements cancer-related and certain trauma-related surgery, cleft-lip and palate repairs

Dentistry out-of-hospita

Dentistry in-hospital.

GPs AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST

In-hospital.

Out-of-hospital GP visits.

Out-of-hospital trauma-related casualty visits for children when normal Day-to-day Benefits are exhausted

Out-of-hospital specialist visits in doctors rooms or virtual consultations.

Virtual paediatrician consultations for children aged 14 years and younger from a network paediatrician consulted in the six months before the virtua International clinical review consultations

Casualty/outpatient Benefit (excluding facility fees).

HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment

HOME-BASED CARE Wound care, end-of-life care, IV infusions and postnatal care

HOSPITALS OR SERVICES INSTEAD OF HOSPITALISATION

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS Hospitals, subject to preauthorisation

Private hospitals, subject to preauthoris

MATERNITY BENEFIT

Out of hospital.

Antenatal consultations at a gyneacologist, GP or midwife

Ultrasound scans and prenatal screening

Pre- and postnatal care

GP and specialist care for babies and toddlers who are younger than 2 years. Other healthcare services for the mother.

MEDICINE

Prescribed Minimum Benefit Chronic Disease List (PMB CDL) conditions (subject to benefit entry criteria and approval).

Diabetes Care and Cardio Care Programmes.

Additional Chronic Conditions (ADL).

Prescribed/acute medicine

Specialised Medicine and Technology Benefit.

Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not).

Take-home medicine (when discharged from hospital).

This Option has a Major Medical Benefit for all in-hospital and large expenses and medicin for some day-to-day expenses from a Medical Savings Account. We will pay hospital costs in full at any LA Focus network hospital. These are all hospitals in a Province with a coastline and specific hospitals in the remaining South African Provinces. If you do not use the services of one of the network hospitals for planned procedures, you will have to pay a portion of the costs from your own pocket (co-payment). All planned in-hospital procedures and other high cost treatment must be preauthorised.

OVERALL ANNUAL LIMITS

Not applicable

No overall limit in LA Focus Network hospitals only. Not applicable

Spouse/adult Child (max 3) AMBULANCE SERVICES

Paid from Major Medical Benefit: no overall limit.

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit DENTISTRY

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit

IN-HOSPITAL SPECIALISED DENTISTRY

Older than 13 years Day Clinics Younger than 13 years R1 000

Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Basic dental services that form part of the specia Related non-hospital accounts (for non-Network dentists, anaeasthetists, etc) subject to a limit of R22 680 per person per year.

IN-HOSPITAL BASIC DENTISTRY

eductibles payable by the member from own pocke Hospital Younger than 13 years R2 030 Older than 13 years R5 140 Younger than 13 years R1 000 Day Clinics Older than 13 years

Hospital account paid up to 100% of the LA Health Rate, from Major Medical Benefit. Basic dental services obtained from a Network Dentist, unlimited from Major Medical Benefit, subject to a list of procedures. Related, non-hospital accounts

OUT-OF-HOSPITAL SPECIALISED DENTISTRY

Basic services provided by a Network Dentist, included as part of the specialised dental care, unlimited and paid from the Major Medical Benefit, subject to a list of procedures. All other specialised dental care paid from the Medical Savings Account. **OUT-OF-HOSPITAL BASIC DENTISTRY**

Unlimited and paid from Major Medical Benefit, subject to a list of procedures, if performed by a dentist in the Network. One set of plastic dentures per person every four years, paid from Major Medical Benefit if obtained from a Network Dentist. If a non-Network dentist is used, paid from the Medical Savings Account.

GPs AND SPECIALISTS

Paid from Medical Savings Account

facility fees and consumables

Paid at 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

Two trauma-related casualty visits for children aged 10 and under, once the Medical Savings Account has been depleted. Includes cost of the emergency casualty consultation

Paid from Medical Savings Account.

Paid from Major Medical Benefit once the Medical Savings Account is depleted, Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

Not applicable

Paid from and limited to funds in Medical Savings Account

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

HOME-BASED CARE

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation clinical criteria and management by the Scheme's De

000 p

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS Paid from Major Medical Benefit; no overall limit.

Paid from Major Medical Benefit: no overall limit

MATERNITY BENEFIT

Paid from Major Medical Benefit; no overall limit. Related accounts paid at 100% of the LA Health Rate

Paid from the Major Medical Benefit, up to 100% of the LA Health Rate Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or T21 Chromosome test, subject to clinical entry criter

A defined basket of blood tests per pregnancy Up to five pre- or postnatal classes or consultations, up until two years after birth

Postnatal care: one lactation consultation with a registered nurse or lactation specialist

one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor or psychologist and one GP or gyneacologist consultation for post-natal complications. Paid from and limited to funds in the Medical Savings Account

MEDICINE

We will pay your approved medicine in full if it is on our medicine list (formulary), if it is not we will pay for it up to a set monthly amount, called the Chronic Drua Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether they are on the medicine list or not.

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatmen basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit.

Not covered on this Option.

Limited to funds in Medical Savings Account and paid at 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.

Not covered on this Option

Limited to funds in Medical Savings Account up to 100% of the cost.

Limited to funds in Medical Savings Account and paid at 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.

This Option has a Major Medical Benefit for all in-hospital and large expenses as well as fo expenses from a Medical Savings Account. Further cover for specific disciplines is provided through the Extended Day-to-day Benefit (GPS, specialists, dentists, acute medicine, radiology, pathology and optical benefits). All planned in-hospital procedures must be

OVERALL ANNUAL LIMITS

Not applicable

R6 660

No overall limit Child (max 3) R4 818

Paid from Major Medical Benefit; no overall limit.

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

IN-HOSPITAL SPECIALISED DENTISTRY

Younger than 13 years **Day Clinics** Younger than 13 years Older than 13 years

Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit of R22 680 per person per year

IN-HOSPITAL BASIC DENTISTRY

le by the member from own pocket Hospital Younger than 13 years R2 030 Older than 13 years Day Clinics Younger than 13 years Older than 13 years

spital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit.

OUT-OF-HOSPITAL SPECIALISED DENTISTRY Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefi

OUT-OF-HOSPITAL BASIC DENTISTRY

First R3 680 per family per year paid from Major Medical Benefit. Thereafter paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit.

GPs AND SPECIALISTS

Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

Paid from Medical Savings Account/Extended Day-to-day Benefit.

Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation Paid from Medical Savings Account/Extended Day-to-day Benefit

Paid from Major Medical Benefit once the Medical Savings Account Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

Not applicable

Paid from and limited to funds in Medical Savings Account

scribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation

clinical criteria and management by the Scheme's Designated Service Pro

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

Paid from Major Medical Benefit; no overall limit.

Paid from Major Medical Benefit: no overall limit

MATERNITY BENEFIT

Paid from Major Medical Benefit; no overall limit.

Paid from the Major Medical Benefit, up to 100% of the LA Health Rate Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria A defined basket of blood tests per pregnancy.

Postnatal care: one lactation consultation with a registered nurse or lactation specialist

one nutritional assessment with a dietitian, two mental healthcare consultations with a

Up to five pre- or postnatal classes or consultations, up until two years after birth

nsellor or psychologist and one GP or gyneacologist consultation for post-natal complications Paid from and limited to funds in the Medical Savings Accoun

We will pay your approved medicine in full if it is on our medicine list (formulary), we will pay you approve interioring in it is not in the sound in the s to the monthly CDA, whether they are on the medicine list or not. Up to 100% of the LA Health Rate for non PMB GP-related services covered in a treatment

basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit. Not covered on this Option.

Limited to funds in Medical Savings Account/Extended Day-to-day Renefit and paid

at 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 to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100%

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit at 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.

This Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit Chronic Disease List medical Minimum Benefit Chronic Disease List Minimum Benefit Chronic Dis as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover for specific disciplines through the Extended Day-to-day Benefit (GPS, specialists, dentists, acute medicine radiology, pathology and optical benefits). All planned in-hospital procedures must

OVERALL ANNUAL LIMITS

Not applicable

Child (max 3) Spouse/adult R6 394 R9 540

Paid from Major Medical Benefit; no overall limit.

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

IN-HOSPITAL SPECIALISED DENTISTRY

Hospital Younger than 13 years Older than 13 years Day Clinics Younger than 13 years R1 000

Older than 13 years Hospital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit

of R29 970 per person per year. IN-HOSPITAL BASIC DENTISTRY

Deductibles payable by the member from own pocket Younger than 13 years R2 030 Older than 13 years R5 140 Hospital Day Clinics Younger than 13 years R1 000 Older than 13 years

spital and related accounts paid from Major Medical Benefit, up to 100% of the LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and the Extended Day-to-day Benefit.

OUT-OF-HOSPITAL SPECIALISED DENTISTRY Paid from and limited to funds in Medical Savings Account and Extended Day-to-day Benefit

Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

OUT-OF-HOSPITAL BASIC DENTISTRY Paid from and limited to funds in Medical Savings Account and Extended Dav-to-day Benefit

GPs AND SPECIALISTS

Paid from Medical Savings Account/Extended Day-to-day Benefit

Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefits are depleted. Includes the cost of the emergency casualty consultation

Paid from Medical Savings Account/Extended Day-to-day Benefit. Paid from Major Medical Benefit once the Medical Savings Account and Extended

Not applicable

Paid from and limited to funds in Medical Savings Account.

escribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred

Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

provider for medicine. A 20% co-payment applies if the services of a non-DSP are used. **HOME-BASED CAR**

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation,

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

clinical criteria and management by the Scheme's Designated Service Pr

Paid from Major Medical Benefit; no overall limit. Paid from Major Medical Benefit; no overall limit

Paid from Major Medical Benefit; no overall limit.

Paid from the Major Medical Benefit, up to 100% of the LA Health Bate Up to 8 consultations at your gynaecologist, GP or midwife

Up to two 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria A defined basket of blood tests per pregnancy.

Up to five pre- or postnatal classes or consultations, up until two years after birth with a registered nurse.

ounsellor or psychologist and one GP or gyneacologist consultation for post-natal complications Paid from and limited to funds in the Medical Savings Account.

We will pay your approved medicine in full if it is on our medicine list (formulary), we will pay you approve interioring in this of our interior as (commany, if it is not we will pay for it 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 they are on the medicine list or not.

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatmen

basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's

Postnatal care: one lactation consultation with a registered nurse or lactation specialist

one nutritional assessment with a dietitian, two mental healthcare consultations with a

Network GP. Paid from the Major Medical Benefit. Paid up to a Chronic Drug Amount, Limited to:

M R11 020 (+1) R21 870

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid at 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.

Not covered on this Option

Limited to funds in Medical Savings Account/Extended Day-to-day Benefit up to 100% of the cost. Limited to funds in Medical Savings Account/Extended Day-to-day Benefit and paid

at 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.

LA COMPREHENSIVE

This Ontion has a Maior Medical Benefit for all in-hospital and large expenses as well as for several Additional Chronic conditions. It pays for some day-to-day expenses from a Medical Savings Account, with further cover through the Above Threshold Benefit most disciplines, subject to applicable limits. All planned in-hospital procedures must be

OVERALL ANNUAL LIMITS Child (max 3) R4 980 Spouse/adult R11 304 R16 584

Not applicable. Child (max 3)

No overall lim

BLOOD TRANSFUSIONS AND BLOOD PRODUCTS

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.

Older than 13 years Younger than 13 years **Day Clinics**

Older than 13 years R3 370 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the

les payable by the member from own pocket Younger than 13 years Older than 13 years

Older than 13 years R3 370 Hospital and related accounts paid from Major Medical Benefit, up to 100% of the

of R15 480 for in- and out-of-hospital basic dentistry. OUT-OF-HOSPITAL SPECIALISED DENTISTRY Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R29 970 per person per year for specialised dentistry, performed

OUT-OF-HOSPITAL BASIC DENTISTRY Paid from and limited to funds in Medical Savings Account and Above Threshold Benefit, subject to a joint limit of R15 480 per person per year for basic dentistry, performed in- or

Paid up to 100% of the LA Health Rate from Major Medical Benefit. No overall limit.

GPs AND SPECIALISTS

in- or out-of-hospital

Paid from Medical Savings Account/Above Threshold Benefit

Includes the cost of the emergency casualty consultation, facility fees and consumables.

Paid from Medical Savings Account/Above Threshold Benefit.

Paid from Major Medical Benefit once the Medical Savings Account is depleted and before Paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation.

Not applicable.

to clinical entry criteria and certain HIVCare Programme protocols. Dischem is the preferred provider for medicine. A 20% co-payment applies if the services of a non-DSP are used.

ibed Minimum Benefits. Paid from Major Medical Benefit; no overall limit and subject

Paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria and management by the Scheme's Designated Service

HOSPITALISATION, THEATRE FEES, INTENSIVE AND HIGH-CARE UNIT COSTS

MATERNITY RENEFIT Paid from Major Medical Benefit; no overall limit

o 2D ultrasound scans and one Nuchal translucency test or one Non-Invasive

A defined basket of blood tests per pregnand Up to five pre- or postnatal classes or consultations, up until two years after birth

Postnatal care: one lactation consultation with a registered nurse or lactation specialist, one nutritional assessment with a dietitian, two mental healthcare consultations with a counsellor

Paid from and limited to funds in the Medical Savings Accoun

We will pay your approved medicine in full if it is on our medicine list (formulary),

Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to participation on the Chronic Illness Benefit and referral by the Scheme's Network GP. Paid from the Major Medical Benefit.

(+3) R14 275 (+4) R15 465 (5+) R17 000 Paid at 100% of the LA Health Medicine Rate for medicine that is on the Scheme's

M R5 390 (+1) R10 845 (+2) R12 555

(+3) R17 940 (+4) R20 505

Subject to authorisation. Paid at the LA Health Medicine Rate up to R228 000per 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.

Limited to funds in Medical Savings Account/Above Threshold Benefit and paid

Benefit does not accumulate up to Annual Threshold.

AMBULANCE SERVICE

Paid from Major Medical Benefit: no overall limit

DENTISTRY

Hospital Younger than 13 years

of R29 970 per person per year. IN-HOSPITAL BASIC DENTISTRY Hospital

LA Health Rate. Related accounts (for dentists, anaesthetists, etc) paid from funds available in Medical Savings Account and Above Threshold Benefit subject to joint limit

LA Health Rate. Related accounts (for dentists, anaesthetists, etc) subject to a limit

Two trauma-related casualty visits for children aged 10 and under, paid from Major Medical Benefit once Medical Savings Account is depleted and before the Threshold is reached.

Paid from and limited to funds in Medical Savings Account.

HOME-BASED CARE

Paid from Major Medical Benefit; no overall limit. Paid from Major Medical Benefit: no overall limit

Up to 8 consultations at your gynaecologist, GP or midwife. Prenatal (NIPT) test or one T21 Chromosome test, subject to clinical entry criteria

Paid from the Major Medical Benefit, up to 100% of the LA Health Rate

if it is not we will pay for it 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 they are on the medicine list or not.

Paid up to a Chronic Drug Amount, Limited to:

preferred list of medicine or at 90% for medicine that is not on the preferred list from the Medical Savings Account or Above Threshold Benefit, limited to: M R10 085 (+1) R12 900 (+2) R15 550

d to funds in Medical Savings Account, paid up to 100% of the cost.

and at 90% of the Medicine Rate for medicine on the non-preferred medicine list.

MENTAL HEALTH		MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH	MENTAL HEALTH
IN-HOSPITAL	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider. A 20% co-payment of the hospital account applies	IN-HOSPITAL	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit,	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, subject	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit,
Psychiatric hospitals, subject to preauthorisation and case management. OUT-OF-HOSPITAL	if the Scheme's Designated Service Provider is not used.	Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation.	subject to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.	to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.	to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.	subject to obtaining services in a Designated Service Provider hospital. If a Designated Service Provider is not used, a 20% co-payment will apply to the hospital account.
Psychiatrists only.	Psychiatrists only. Cover subject to R4 400 Specialist Benefit.	DETOX	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit.
Alcohol and drug rehabilitation.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider.	OUT-OF-HOSPITAL				Paid from Medical Savings Account/Above Threshold Benefit. Limited to R19 400 per family
Detox.	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit for in-hospital care.	Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital).	Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits.	Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits.	Limited to funds in the Medical Savings Account. Subject to Prescribed Minimum Benefits.	per year with a sub-limit of R6 450 per person for alcohol and drug rehabilitation. Subject to Prescribed Minimum Benefits
Mental Health Care Programme.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Provider.	Mental Health Care Programme.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Network GP.	Up to 100% of the LA Health Rate for non-PMB GP-related services covered in a treatment basket, subject to criteria and referral by the Scheme's Designated Network GP.
ONCOLOGY (CANCER-RELATED CARE)	Paid from the Major Medical Benefit.	ONCOLOGY (CANCER-RELATED CARE)	Paid from the Major Medical Benefit. ONCOLOGY (CANCER-RELATED CARE)	Paid from the Major Medical Benefit. ONCOLOGY (CANCER-RELATED CARE)	Paid from the Major Medical Benefit. ONCOLOGY (CANCER-RELATED CARE)	Paid from the Major Medical Benefit. ONCOLOGY (CANCER-RELATED CARE)
Oncology Programme, including chemo- and radiotherapy.	Chemo- and radiotherapy provided by an oncologist in the KeyCare network, paid from the Major Medical Benefit at 100% of the LA Health Rate, subject to the Prescribed Minimum	The Oncology Programme, including chemo- and radiotherapy.	Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate	Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate	Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate	Covered from benefits in the Oncology Programme. No overall limit in a 12-month cycle, subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to
	Benefits. If the services of a non-network Oncologist is used voluntarily, a 20% co-payment applies.		to a threshold of R228 000. A 20% applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments.	to a threshold of R228 000. A 20% applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments.	to a threshold of R456 000. A 20% applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments.	a threshold of R456 000. A 20% co-payment applies after this. Prescribed Minimum Benefits- related oncology care is paid in full without any co-payments.
Advanced Illness Benefit for Oncology Patients. Oncology-related PET Scans.	Subject to authorization and clinical criteria. Up to a maximum of 4 scans per person per treatment cycle, subject to authorisation,	Oncology-related PET scans.	Paid from the Major Medical Benefit, subject to the Oncology Threshold of R228 000. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation.	Paid from the Major Medical Benefit, subject to the Oncology Threshold of R228 000. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation.	Paid from the Major Medical Benefit, subject to the Oncology Threshold of R456 000. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation.	Paid from the Major Medical Benefit, subject to the Oncology Threshold of R456 000. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation.
Stem cell transplants.	clinical criteria, review and the scan being done by a Network provider. Local bone marrow donor searches and transplants, up to the agreed rate,	Stem cell transplants.	A 20% deductible will apply from R1, if the Designated Service Provider is not used. You have access to local bone marrow donor searches and transplant up to the agreed rate.	A 20% deductible will apply from R1, if the Designated Service Provider is not used. You have access to local bone marrow donor searches and transplant up to the agreed rate.	A 20% deductible will apply from R1, if the Designated Service Provider is not used. You have access to local bone marrow donor searches and transplant up to the agreed rate.	A 20% deductible will apply from R1, if the Designated Service Provider is not used. You have access to local bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval.
OPTICAL	subject to clinical criteria, review and authorisation.	Advanced Illness Benefit for patients with end-of-life stage cancer	Your cover is subject to clinical protocols, review and approval. Paid from Major Medical Benefit Subject to a basket of care and registration on the Operation Magnetic Programme by the treating dector.	Your cover is subject to clinical protocols, review and approval. Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.	Your cover is subject to clinical protocols, review and approval. Paid from Major Medical Benefit. Subject to a basket of care and registration on the Openham Management Programme by the trading depter.	Paid from Major Medical Benefit. Subject to a basket of care and registration
Optometry consultations.	One eye test per person per year at an optometrist in the KeyCare optometry network.	out-of-hospital. Access to cover for a defined list of non-PMB novel and ultra-high cost cancer treatment	on the Oncology Management Programme by the treating doctor. Not covered on this option.	Not covered on this option.	on the Oncology Management Programme by the treating doctor. Paid at 75% of the Scheme Rate before and after the Oncology threshold of R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review by a Scheme-	on the Oncology Management Programme by the treating doctor. Paid at 75% of the Scheme Rate before and after the Oncology threshold of R456 000, with no overall limit. Subject to meeting certain clinical criteria and peer review
Spectacles, frames and contact lenses (refractive eye surgery not covered on this Option).	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.	OPTICAL S	OPTICAL	OPTICAL	appointed panel of specialists. OPTICAL	by a Scheme-appointed panel of specialists. OPTICAL
OTHER SERVICES IN-HOSPITAL		Optometry consultations.	Limited to funds in Medical Savings Account.	Limited to funds in Medical Savings Account/Extended Day-to-day Benefit.	Limited to funds in Medical Savings Account/Extended Day-to-day Benefit.	Limited to funds in Medical Savings Account/Above Threshold Benefit.
Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc). OUT-OF-HOSPITAL	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Spectacles, frames, contact lenses and refractive eye surgery. OTHER SERVICES	Limited to funds in Medical Savings Account. OTHER SERVICES	Limited to funds in Medical Savings Account/Extended Day-to-day Benefit. OTHER SERVICES	Limited to funds in Medical Savings Account/Extended Day-to-day Benefit. OTHER SERVICES	Paid from Medical Savings Account/Above Threshold Benefit up to a limit of R4 600 per person. OTHER SERVICES
Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc).	Not covered on this Option.	IN-HOSPITAL	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
Nursing services. ORGAN TRANSPLANTS G _I D	Not covered on this Option, except for PMBs.	Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc). OUT-OF-HOSPITAL OUT-OF-HOSPITAL	Limited to funds in the Madical Carines Assert	Limited to funds in the Madical Covince Assessmt	Limited to funde in the Medical Soviers Assessment	Limited to funds in the Medical Soviers Associates Associates Associates
Hospitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.	Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc). Alternative healthcare practitioners (chiropodists, homeopaths, naturopaths and chiropractors).	Limited to funds in the Medical Savings Account. Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account. Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account. Limited to funds in the Medical Savings Account.	Limited to funds in the Medical Savings Account or Above Threshold Benefit. Limited to funds in the Medical Savings Account or Above Threshold Benefit.
Medicine for immune-suppressive therapy.	As per the Prescribed Minimum Benefits formulary.	Nurse practitioners. Unani-Tibb Therapy.	Limited to funds in the Medical Savings Account. Limited to funds in the Medical savings Account.	Limited to funds in the Medical Savings Account. Limited to funds in the Medical savings Account.	Limited to funds in the Medical Savings Account. Limited to funds in the Medical savings Account.	Paid up to a limit of R11 300 per family from Medical Savings Account or Above Threshold Benefit. Limited to funds in the Medical savings Account with no accumulation to the Threshold.
PATHOLOGY AND RADIOLOGY IN-HOSPITAL	IN-HOSPITAL	ORGAN TRANSPLANTS	ORGAN TRANSPLANTS	ORGAN TRANSPLANTS	ORGAN TRANSPLANTS	ORGAN TRANSPLANTS
MRI and CT scans, including ultrasounds. Subject to authorisation and referral by a KeyCare Specialist.	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	Hospitalisation.	No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider.	No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider.	No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider.	No overall limit and subject to Prescribed Minimum Benefits, preauthorisation and the use of the Scheme's Designated Service Provider.
Radiology (X-rays) and pathology subject to preauthorisation.	of R4 400 per person per year. Paid from Major Medical Benefit, subject to in-hospital Preferred Provider Network, subject	Medicine for immuno-suppressive therapy. PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount. PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount. PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount. PATHOLOGY AND RADIOLOGY	As per Chronic Illness Benefit Chronic Drug Amount. PATHOLOGY AND RADIOLOGY
Endogopolo properhimos Contrangerio al la contrange	to clinical criteria. If the services of the Preferred Provider is not used, we will pay the claim to the member, at the applicable Scheme Rate.	IN-HOSPITAL	IN-HOSPITAL	IN-HOSPITAL	IN-HOSPITAL	IN-HOSPITAL
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. OUT-OF-HOSPITAL	PMB cover, and cover for children 12 years and under. Subject to preauthorisation and a defined list of Network facilities. Covered from the Major Medical Benefit. OUT-OF-HOSPITAL	MRI and CT scans, including ultrasounds: Must be referred by specialist and subject to preauthoristion.	Paid from Major Medical Benefit; no overall limit, subject to preauthorisation. Basic pathology subject to the use of the services of the Scheme's Designated Service Provider.	Paid from Major Medical Benefit; no overall limit, subject to preauthorisation. Basic pathology subject to the use of the services of the Scheme's Designated Service Provider.	Paid from Major Medical Benefit; no overall limit, subject to preauthorisation. Basic pathology subject to the use of the services of the Scheme's Designated Service Provider.	Paid from Major Medical Benefit; no overall limit, subject to preauthorisation. Basic pathology subject to the use of the services of the Scheme's Designated Service Provider.
MRI and CT scans, including ultrasounds: Subject to authorisation and referral by a KeyCare Specialist.	Covered by Specialist Benefit up to R4 400, if referred by KeyCare GP.	PET scans	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.	Subject to clinical criteria, motivation and authorisation. Paid from Major Medical Benefit.
Radiology (X-rays) and pathology subject to preauthorisation.	Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP. Requests from specialists covered up to the R4 400	Radiology (X-rays) and pathology subject to preauthorisation. Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy,	Paid from Major Medical Benefit; no overall limit. First R2 850 of Hospital account paid from Medical Savings Account.	Paid from Major Medical Benefit; no overall limit. First R2 850 of Hospital account paid from Medical Savings. Remainder of scope account	Paid from Major Medical Benefit; no overall limit. Paid from Major Medical Benefit; no overall limit.	Paid from Major Medical Benefit; no overall limit. Paid from Major Medical Benefit; no overall limit.
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy.	specialist limit. Subject to PMBs and preauthorisation. Paid from Major Medical Benefit.	subject to preauthorisation.	Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account.	paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account/Extended Day-to-day Benefit.		
PROSTHESES	eduject to 1 miles and predations attorn major medical benefit.	OUT-OF-HOSPITAL MRI and CT scans, subject to preauthorisation.	OUT-OF-HOSPITAL First R2 850 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit.	OUT-OF-HOSPITAL First R2 850 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit.	OUT-OF-HOSPITAL Paid from Major Medical Benefit; no overall limit.	OUT-OF-HOSPITAL Paid from Major Medical Benefit; no overall limit.
INTERNAL PROSTHESES Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain	Not covered on this Option.	Radiology, (including X-rays and ultrasounds) and pathology.	Paid from Medical Savings Account.	Paid from Medical Savings Account/Extended Day-to-day Benefit.	Paid from Medical Savings Account/Extended Day-to-day Benefit.	Paid from Medical Savings Account/Above Threshold Benefit.
implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices.		Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Paid from Major Medical Benefit. Unlimited, subject to preauthorisation.	Paid from Major Medical Benefit. Unlimited, subject to preauthorisation.	Paid from Major Medical Benefit; no overall limit, subject to preauthorisation.	Paid from Major Medical Benefit; no overall limit, subject to preauthorisation.
Other internal prostheses (subject to clinical criteria). Cardiac stents.	Unlimited, subject to authorisation and clinical criteria. Paid up to 100% of the Scheme Rate. Subject to authorisation and clinical criteria. Unlimited and paid in full if obtained	PROSTHESES INTERNAL PROSTHESES	PROSTHESES INTERNAL PROSTHESES	PROSTHESES INTERNAL PROSTHESES	PROSTHESES INTERNAL PROSTHESES	PROSTHESES INTERNAL PROSTHESES
	from Network supplier. If supplied by a non-Network supplier, limited to R7 130 per drug-eluting stent and R6 030 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.	Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation.	Paid from Major Medical Benefit up to R235 100 per person per year, subject to preauthorisation.
MEDICAL EQUIPMENT BENEFIT		Spinal devices/prostheses.	Unlimited and paid from the Major Medical Benefit if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000	Unlimited and paid from the Major Medical Benefit, if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000	Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000	Unlimited and paid from Major Medical Benefit if obtained from Designated Service Provider. If the Scheme's DSP is not used, limited to R25 500 per level, with an overall limit of R51 000
Oxygen rental. Crutches, wheelchairs, artificial limbs, stoma bags, etc.	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply. Mobility benefits: R5 400 per family from the Scheme's Designated Service Provider.	Shouldes replacement proofbees	for two or more levels. Only one procedure per year will be authorised. Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred	for two or more levels. Only one procedure per year will be authorised. Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred	for two or more levels. Only one procedure per year will be authorised. Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred	for two or more levels. Only one procedure per year will be authorised. Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred
Bluetooth-enabled glucose monitoring device.	If the Designated Service Provider is not used, then no benefit will be payable. Subject to authorisation and clinical criteria and limited to one device per qualifying person	Shoulder replacement prostheses. Major joint replacements, including hip and knee replacements.	Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used. Paid from the Major Medical Benefit. Subject to the use of the Scheme's DSP hospital.	Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.	Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.	Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.
PREVENTATIVE CARE	who is registered on the Chronic Illness Benefit for Diabetes.	major jank opinacina noj macani grupi ana maca opinacina.	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 Scheme's Preferred	Paid from the Major Medical Benefit. 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 Scheme's Preferred	Paid from the Major Medical Benefit. 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 Scheme's Preferred	Paid from the Major Medical Benefit. 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 Scheme's Preferred
Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.	Paid once per person per year, at the Scheme Rate, for one or all of the listed screening tests, if performed at the same time, or for a flu vaccination. Payable from	Other internal prostheses (subject to clinical protocols).	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider. Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider. Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider. Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.	Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider. Paid from Major Medical Benefit subject to preauthorisation and clinical criteria.
di diesteloi ai di dody mass il nex (bivi) di e ild vaccination.	the Major Medical Benefit only if one of the Scheme's contracted providers is used. LDL test, specific to Diabetes and Cholesterol, unlimited and paid from Major Medical	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and	EXTERNAL MEDICAL ITEMS	EXTERNAL MEDICAL ITEMS
Enhanced Screening Benefit for Seniors at a Network provider for a set	Benefit, subject to clinical criteria. Unlimited, subject to clinical entry criteria and the use of the services of a Network provider.	Oxygen rental. ———————————————————————————————————	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit. Limited to funds in Medical Savings Account.	covered from Major Medical Benefit. Limited to funds in Medical Savings Account.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit. Limited to funds in Medical Savings Account.	 Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit. Limited to R27 750 per family with a sub-limit of R18 550 per family for hearing aids.
of age-appropriate screening tests.	An additional screening assessment for at-risk beneficiaries, subject to the use of the services of an accredited Network GP and certain clinical entry criteria.	oratorios, wricoorans, artinolai iirinos, storna bags, sto.	Not covered on this Option.	Not covered on this Option.	Not covered on this Option.	Paid from Medical Savings Account/Above Threshold Benefit.
Screening Benefit at other providers: Mammogram, Pap smear, Prostate-Specific Antigen (PSA) and Colorectal cancer tests.	 Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid subject to the applicable benefits. 	External medical items extender benefit. PREVENTIVE CARE	PREVENTIVE CARE	PREVENTIVE CARE	PREVENTIVE CARE	Paid from Major Medical Benefit, subject to clinical criteria and approval. PREVENTIVE CARE
	More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria and authorisation. One faecal occult blood test or immunochemical test every 2 years per person for persons aged 45 to 75.	Pharmacy screening benefit at a network pharmacy: blood glucose, blood pressure, cholesterol and body mass index (BMI) or one flu vaccination.	Paid once at the Scheme Rate per person per year, for one or all of the listed tests, if performed at the same time or a flu vaccination. Pavable from Major Medical Benefit	Paid once at the Scheme Rate per person per year, for one or all of the listed screening tests. if performed at the same time or a flu vaccination. Payable from Major Medical Benefit	Paid once at the Scheme Rate per person per year, for one or all of the listed screening tests, if performed at the same time. Payable from Major Medical Benefit only if one of	Paid once at the Scheme Rate per person per year, for one or all of the listed screening tests, if performed at the same time or a flu vaccination. Payable from Major Medical Benefit
Pneumococcal vaccinations.	One specific approved pneumococcal vaccine every 5 years for persons under the age of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the	The state of the s	only if one of the Scheme's contracted providers is used. LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.	only if one of the Scheme's contracted providers is used. LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.	tests, if perioritied at the same time, rayable from Major Medical Benefit only if one of the Scheme's contracted providers is used. LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.	only if one of the Scheme's contracted providers is used. LDL test unlimited and paid from Major Medical Benefit, subject to clinical criteria.
Screening Benefit for children between the ages of 2 and 18.	Major Medical Benefit, subject to clinical criteria. Paid once per person per year, at the Scheme Rate, for one or all of the listed screening	Screening Benefit at other providers: Mammogram, Pap smear and Prostate-Specific Antigen (PSA) tests.	Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Medical Benefit.	Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Major Medical Benefit.	Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Major Medical Repetit Consultations, other related costs and procedures paid from Medical Savings.	Limited to one Pap smear every three years, one mammogram every two years and one Prostate-Specific Antigen (PSA) test per person per year, paid from Major Medical Benefit.
Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old.	tests, if performed at the same time. Payable from the Major Medical Benefit only if one of the Scheme's contracted providers is used.		Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria.	Consultations, other related costs and procedures paid from Medical Savings Account, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria.	Benefit. Consultations, other related costs and procedures paid from Medical Savings Account/Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI breast scans and once off	Consultations, other related costs and procedures paid from Medical Savings Account/ Extended Day-to-day Benefit, unless it is a Prescribed Minimum Benefit. More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to
RENAL CARE Acute and chronic dialysis, including authorised medicine to treat the condition.	Unlimited in a KevCare Network, subject to PMB. Subject to authorisation and clinical	Pneumococcal vaccinations.	One specific approved pneumococcal vaccine every 5 years for persons under the age of	One specific approved pneumococcal vaccine every 5 years for persons under the age of	BRCA testing subject to clinical criteria. One specific approved pneumococcal vaccine every 5 years for person under the age	clinical criteria. One specific approved pneumococcal vaccine every 5 years for persons under the age
Dialysis and other renal care-related treatment and educational care.	oriteria. Non-PMB treatment paid up to 100% of the Scheme Rate. Not covered on this Option.	Companies Deposit to a hill-hand between the control of the contro	65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.	of 65 or one vaccine per person per lifetime for persons over the age of 65 paid from the Major Medical Benefit, subject to clinical criteria.
TERMINAL OR COMPASSIONATE CARE		Screening Benefit for children between the ages of 2 and 18. Body Mass Index, including counseling if necessary, basic hearing and dental screenings; and milestone tracking for children between the ages of 2 and 8 years old.	 Paid once at the Scheme Rate per year, per qualifying person for one or all the listed screening tests, if performed at the same time. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used. 	 Paid once at the Scheme Rate per year, per qualifying person for one or all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used. 	Paid once at the Scheme Rate per year, per qualifying person for one or all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used.	 Paid once at the Scheme Rate per year, per qualifying person for one or all of the listed screening tests, if performed at the same time. Paid from Major Medical Benefit only if one of the Scheme's contracted providers is used.
Compassionate care benefit for all end-of-life care that is not cancer-related (in-patient and home-based care).	Unlimited for PMB scope of care, but PMB claims first accumulate to the threshold limit of R48 200 per person per lifetime. This limit applies for all other claims.	RENAL CARE	RENAL CARE	RENAL CARE	RENAL CARE	RENAL CARE
TRAUMA RECOVERY BENEFIT Cover for certain medical expenses after you or your family experienced severe trauma.	Paid over and above any Diagnostic Treatment Pair PMB requirements from the Major	Acute and chronic dialysis. Dialysis and other renal care-related treatment and educational care.	No overall limit. Benefits subject to approval of treatment plan. No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated	No overall limit. Benefits subject to approval of treatment plan. No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's	No overall limit. Benefits subject to approval of treatment plan. No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's	No overall limit. Benefits subject to approval of treatment plan. No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated
The benefit is paid up to the end of the year following the one in which the traumatic event occurred.	Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:	TERMINAL GARD SPRINGER (SVE)	Service Provider. Co-payments will apply if the Designated Service Provider is not used.	Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.	Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.	Service Provider. Co-payments will apply if the Designated Service Provider is not used.
	Allied and therapeutic R8 050 (+1) R12 150 (+2) R15 100 (+3) R18 200	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Hospice.	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria	TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE) Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria
	services	TRAUMA RECOVERY BENEFIT	and preauthorisation. TRAUMA RECOVERY BENEFIT	and preauthorisation. TRAUMA RECOVERY BENEFIT	and preauthorisation. TRAUMA RECOVERY BENEFIT	and preauthorisation. TRAUMA RECOVERY BENEFIT
	Prescribed Medicine M R15 750 R18 600 R22 100 R26 850	Cover for certain medical expenses after you or your family experienced severe trauma. The benefit is paid up to the end of the year following the one in which the traumatic event	Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:	Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:	Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:	Paid from the Major Medical Benefit up to 100% of the LA Health Rate per family up to the following limits for the benefits listed below:
	External Medical R27 400 Appliances:	occurred.	Allied and therapeutic R8 050 (+1) R12 150 (+2) R15 100 (+3) R18 200	Allied and therapeutic R8 050 HT R12 150 R15 100 R18 200	Allied and therapeutic R20 350 +1 R27 650 R33 700 R39 100	Allied and therapeutic R20 350 +1 R27 650 R33 700 R39 100
	Hearing Aids R14 750		Fyternal Medical	External Medical	External Medical	healthcare services R20 350 (+1) R27 650 (+2) R33 700 (+3) R39 100 External Medical
	Prosthetic limbs R85 700		Appliances:	Appliances:	Appliances:	Appliances: H40 800
	Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.		Hearing Aids R14 750 Prescribed Medicine M R15 750 41 R18 600 2 R22 100 3 R26 850	Hearing Aids R14 750	Hearing Aids R20 700 Prescribed Medicine R22 300 +1 R27 150 +2 R32 700 R35 650	Hearing Aids R20 700 Prescribed Medicine M R22 300 (1) R27 150 (2) R32 700 (3) R35 650
TOTAL CONTRIBUTIONS	LA KEYPLUS TOTAL CONTRIBUTIONS		Prosthetic limbs R85 700 (with no further access	Prosthetic limbs R85 700 (with no further access	Prosthetic limbs R85 700	Prosthetic limbs R85 700 (with no further access
Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level.	Income Member Adult Child Maximum for 3 child dependant for 3 child dependants		to the external medical items limit)	to the external medical items limit)	(with no further access to the external medical items limit)	to the external medical items limit)
	R0 - R9 200 R1 145 R1 000 R419 R1 257		Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.	Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.	Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated ServiceProviders and clinical entry criteria.	Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.
	R9 201 – R12 700 R1 209 R1 056 R441 R1 323 R2 037	TOTAL CONTRIBUTIONS	LA FOCUS: TOTAL CONTRIBUTIONS	LA ACTIVE: TOTAL CONTRIBUTIONS	LA CORE: TOTAL CONTRIBUTIONS	LA COMPREHENSIVE: TOTAL CONTRIBUTIONS
To find out more please call I A Health Medical Scheme on 0860 103 933 visit www.lahealth.co.za.or.u	contact your accredited LA Health broker. This leaflet is a summary of LA Health's key benefits	Remember: If you get a subsidy, you will only have to pay a portion of this contribution. You will have to calculate it based on your subsidy level.	Member Adult Child Maximum dependant for 3 child dependant dependent	Member Adult Child Maximum for 3 child dependant for 3 child dependant	Member Adult Child Maximum for 3 child dependant dependents	Member Adult Child Maximum for 3 child dependant for 3 child dependents
	Agrument and the registered Pules, the Pules will always apply	:	dependants	dependants	dependants	dependants
and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this c Client Services 0860 103 933 or Fax 011 539 7276 www.lahealth.co.za service@discovery.co.za. Re	· · · · · · · · · · · · · · · · · · ·		R2 393 R1 548 R704 R2 112	R2 892 R1 944 R959 R2 877	R4 975 R1 646 R4 938	R7 385 R5 638 R1 790 R5 370