OPTION COMPARISON 2019

LA Health
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LA KEYPLUS

This Option provides 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 in a Network hospital.

OVERALL ANNUAL LIMITS	
Hospital Benefit	No overall annual limit for care in a KeyCare Network hospital
AMBULANCE SERVICES	
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	
Blood transfusions and blood products, subject to preauthorisation.	Prescribed Minimum Benefits. Paid from Major Medical Benefit; no overall limit.
DENTISTRY	
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	
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 050 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network). We pay Network specialists in full, at the agreed rate. If you go to a specialist without a GP referral, the account will not be paid.
International clinical review consultations	Second-opinion consultation obtained from specialists at the Cleveland Clinic paid from Major Medical Benefit to a maximum of 50% of the cost of the consultation. Subject to preauthorisation.
General Practitioners (GPs)	
IN-HOSPITAL Services provided by a KeyCare Network GP	No overall limit, paid in full only if the services of a KeyCare Network GP is used.
OUT-OF-HOSPITAL Services provided by a KeyCare Network GP	Covered with no overall benefit limit, but if more than 15 visits are needed for any one beneficiary, authorisation is required for those additional visits. Only at the member's chosen GP working in the KeyCare network. Unscheduled, emergency visits, limited to three visits per person per year at member's chosen GP
Out-of-network Benefit	Four out-of-network GP visits per person per year and 4 each of selected blood tests, X-rays and acute medicines (subject to a formulary) requested by the non-network GP, per person per year.
Casualty/outpatient Benefit (excluding facility fees)	Visits to casualty units at Hospitals in the KeyCare Network, unlimited, subject to authorisation. The first R355 of the casualty unit costs 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.
HIV OR AIDS	
HIV prophylaxis (rape or mother-to-child transmission) and all HIV or AIDS-related consultations and treatment	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 Network GP is not used, a 20% co-payment will apply.
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	Unlimited, subject to preauthorisation and clinical criteria. No overall limit and paid in full from Major Medical Benefit for treatment authorised in a KeyCare network hospital. Paid up to 70% of the Scheme Rate at a Partial Cover Network Hospital. 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
DAY-CARE FACILITIES	
Procedures or treatment at identified day-care facilities	Unlimited, subject to preauthorisation and clinical criteria. The specific services must be obtained from a DSP day-care facility
INTRAVENOUS INFUSIONS	
Administration of defined intravenous infusions and medicine used during the procedure	Subject to authorisation and clinical criteria, from a Network provider. A 20% co-payment applies to the hospital account for treatment obtained from a non-Network provider
HOSPITALISATION FOR MEMBERS WITH ONE OR MORE CHRONIC CONDITIONS	
Non-emergency hospital admissions for certain members with one or more significant chronic conditions	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 accounts for beneficiaries who are not registered on the Programme
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	8 Antenatal consultations with the chosen GP, gynaecologist or midwife, subject to applicable limits 1 Prenatal screening or Non Invasive Prenatal Testing (NIPT), 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) A routine basket of pregnancy-related blood tests 5 Pre-or postnatal antenatal classes or visits with a registered nurse
Cover for the newborn baby or toddler up to the age of 2 years	2 Visits to a KeyCare Network GP, Paediatrician or ENT Specialist
Cover for the mother of the baby for up to two years after the birth	1 GP or Gynaecologist's consultation related to post-natal complications 1 Nutritional assessment at a dietician 2 Post-rate mental health consultations with a Network GP, psychologist or counsellor 1 Consultation with a nurse or lactation specialist
MEDICINE	
Prescribed Minimum Benefit Chronic Disease List conditions subject to approval and a defined list of conditions.	All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary if prescribed by the member's chosen KeyCare GP, subject to approval and the use of the Scheme's Designated Service Provider courier pharmacy. If the Designated Service Provider courier pharmacy is not used, a co-payment applies.
Diabetes, Cardiovascular and HIV Management for persons registered on the Disease Management Programme	Subject to clinical criteria and registration on referral by the KeyCare Network GP. Limited to cover for services in a defined basket of care for the condition
Prescribed/acute medicine.	Covered with no overall limit from Designated Service Provider. Prescribed medicine only for acute and non-Prescribed Minimum Benefits chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network.
Over-the-counter medicine (schedule 0, 1 and generic or non-generic, whether prescribed or not). Specialised Medicine and Technology benefits.	Not covered on this Option, except PMBs
Take-home medicine (when discharged from hospital).	Limited to R160 per hospital admission per person

OPTION DESCRIPTION

LA FOCUS

This Option has a Major Medical Benefit for all in-hospital and large expenses and medicine for Prescribed Minimum Benefit Chronic Disease List conditions. It also pays 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

Annual Threshold.

Hospital Benefit.

Extended Day-to-day Benefit.

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, subject to preauthorisation.

Dentistry in-hospital.

Dentistry out-of-hospital.

GPs AND SPECIALISTS: PROVIDES FULL COVER AT GP/SPECIALIST PARTICIPATING IN PAYMENT ARRANGEMENT

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 virtual consultation.

International clinical review consultations

Out-of-network Benefit.

Casualty/outpatient Benefit (excluding facility fees).

HIV OR AIDS

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 preauthorisation.

MATERNITY BENEFIT

In-hospital, subject to preauthorisation.

Out of hospital.

Antenatal consultations at a gyneacologist, GP or midwife.

Ultrasound scans and prenatal screening.

Blood tests.

Pre- and postnatal care.

GP and specialist care for babies and toddlers who are younger than 2 years.

Other healthcare services for the mother.

Doulas.

MEDICINE

Prescribed Minimum Benefit Chronic Disease List conditions subject to approval and a defined list of conditions.

Diabetes Programme.

Additional Chronic Conditions (ADL).

Prescribed/acute medicine.

Specialised Medicine and Technology Benefit (Subject to Prescribed Minimum Benefits).

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

Take-home medicine (when discharged from hospital).

OVERALL ANNUAL LIMITS

Not applicable.

No overall limit in LA Focus Network hospitals only.

Not applicable.

Member	Spouse/adult	Child (max 3)
R6 744	R4 356	R1 980

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
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

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 specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts (for non-Network dentists, anaeasthetists, etc) subject to a limit of R21 580 per person per year.

IN-HOSPITAL BASIC DENTISTRY
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

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 (for non-Network dentists, anaesthetists, etc) paid from Medical Savings Account.

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

Paid from Medical Savings Account.

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, facility fees and consumables.

Paid from Medical Savings Account.

Paid from Major Medical Benefit once the Medical Savings Account is depleted, subject to clinical criteria.

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

Not applicable.

Paid from and limited to funds in Medical Savings Account.

HIV OR AIDS

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 Designated Service Providers.

HOSPITALS

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 and subject to registration on the Maternity Programme.

Up to 8 consultations at your gynaecologist, GP or midwife.

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening, 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.

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT).

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 gynaecologist consultation for post-natal complications.

Paid from and limited to funds in the Medical Savings Account.

MEDICINE

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.

Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria.

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.

LA ACTIVE

This Option has a Major Medical Benefit for all in-hospital and large expenses as well as for Prescribed Minimum Benefit Chronic Disease List cover. It also pays for some day-to-day 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 preauthorised.

OVERALL ANNUAL LIMITS

Not applicable.

No overall limit.

Member	Spouse/adult	Child (max 3)
R4 584	R3 204	R 924

Member	Spouse/adult	Child (max 3)
R6 192	R4 476	R2 568

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
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

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 R21 580 per person per year.

IN-HOSPITAL BASIC DENTISTRY
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

Hospital 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.

OUT-OF-HOSPITAL BASIC DENTISTRY
First R3 500 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, facility fees and consumables.

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

Paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefit are depleted, subject to clinical criteria.

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

Not applicable.

Paid from and limited to funds in Medical Savings Account.

HIV OR AIDS

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 Designated Service Providers.

HOSPITALS

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 and subject to registration on the Maternity Programme.

Up to 8 consultations at your gynaecologist, GP or midwife.

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening, 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.

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT).

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 gynaecologist consultation for post-natal complications.

Paid from and limited to funds in the Medical Savings Account.

MEDICINE

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.

Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria.

Not covered on this Option.

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 CORE

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 medicine 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 be preauthorised.

OVERALL ANNUAL LIMITS

Not applicable.

No overall limit.

Member	Spouse/adult	Child (max 3)
R6 084	R4 248	R1 656

Member	Spouse/adult	Child (max 3)
R8 748	R7 656	R3 516

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
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

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 R28 520 per person per year.

IN-HOSPITAL BASIC DENTISTRY
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

Hospital 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.

OUT-OF-HOSPITAL BASIC DENTISTRY
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, facility fees and consumables.

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

Paid from Major Medical Benefit once the Medical Savings Account and Extended Day-to-day Benefit are depleted, subject to clinical criteria.

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

Not applicable.

Paid from and limited to funds in Medical Savings Account.

HIV OR AIDS

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 Designated Service Providers.

HOSPITALS

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 and subject to registration on the Maternity Programme.

Up to 8 consultations at your gynaecologist, GP or midwife.

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening, 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.

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT).

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 gynaecologist consultation for post-natal complications.

Paid from and limited to funds in the Medical Savings Account.

MEDICINE

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.

Benefits for persons registered on the Chronic Illness Benefit for diabetes, registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria.

Paid up to a Chronic Drug Amount. Limited to:

M R10 485 (+1) R20 810

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 Option has a Major Medical Benefit for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit Chronic Disease List medicine, 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, for most disciplines, subject to applicable limits. All planned in-hospital procedures must be preauthorised.

OVERALL ANNUAL LIMITS

Member	Spouse/adult	Child (max 3)
R15 780	R10 752	R4 740

No overall limit.

Not applicable.

Member	Spouse/adult	Child (max 3)
R10 872	R6 312	R2 748

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
Deductibles payable by the member from own pocket for all specialised dentistry performed in-hospital

Hospital	Younger than 13 years	R1 930
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

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 R28 520 per person per year.

IN-HOSPITAL BASIC DENTISTRY
Deductibles payable by the member from own pocket

Hospital	Younger than 13 years	R1 830
	Older than 13 years	R4 890
Day Clinics	Younger than 13 years	R 950
	Older than 13 years	R3 210

Hospital 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 Above Threshold Benefit subject to joint limit of R14 730 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 R28 520 per person per year for specialised dentistry, performed in- or out-of-hospital.

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 R14 730 per person per year for basic dentistry, performed in- or out-of-hospital.

GPs AND SPECIALISTS

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

Paid from Medical Savings Account/Above Threshold Benefit.

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. 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 the Threshold is reached, subject to clinical criteria.

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

Not applicable.

Paid from and limited to funds in Medical Savings Account.

HIV OR AIDS

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 Designated Service Providers.

HOSPITALS

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 and subject to registration on the Maternity Programme.

Up to 8 consultations at your gynaecologist, GP or midwife.

Up to two 2D ultrasound scans and one nuchal translucency or Non-Invasive Prenatal Testing (NIPT) screening.

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.

Two visits to the GP, paediatrician or ear-nose and throat specialist (ENT).

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 gynaecologist consultation.

Paid from and limited to funds in the Medical Savings Account.

MEDICINE

All Prescribed Minimum Benefits Chronic Disease List conditions covered based on a formulary, subject to approval. The Scheme only pays up to a Chronic Drug Amount if non-formulary medicine is used. If you use more than one medicine that has similar chemical structures or therapeutic effects, we will pay up to the monthly CDA, whether they are on the medicine list or not.

Benefits for persons registered on the Chronic Illness Benefit for diabetes, who have been registered by the Scheme's Designated Service Provider for GP related services. These benefits are paid from the Major Medical Benefit in addition to the normal PMB CDL benefits, baskets of care and clinical criteria.

Paid up to a Chronic Drug Amount. Limited to:

M R5 130 (+1) R10 320 (+2) R11 945

(+3) R13 580 (+4) R14 715 (5+) R16 175

Paid at 100% of the LA Health Medicine Rate for medicine that is on the Scheme's 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 R9 595 (+1) R12 275 (+2) R14 795

(+3) R17 070 (+4) R19 510

R228 000 per person per year, subject to clinical entry criteria and authorisation. Members pay a variable co-payment of up to 20% based on the condition and the medicine used for non-Prescribed Minimum Benefits.

Limited to funds in Medical Savings Account, paid up to 100% of the cost. Benefit does not accumulate up to Annual Threshold.

Limited to funds in Medical Savings Account/Above Threshold 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.

MENTAL HEALTH

IN-HOSPITAL	
Psychiatric hospitals, subject to preauthorisation and case management	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 if the Scheme's Designated Service Provider is not used.
OUT-OF-HOSPITAL	
Psychiatrists only	Psychiatrists only. Cover subject to R4 050 Specialist Benefit
Alcohol and drug rehabilitation	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit at the Scheme's Designated Service Provider.
Detox	Prescribed Minimum Benefits. Three days per person paid from the Major Medical Benefit for in-hospital care

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 Benefits. If the services of a non-network Oncologist is used voluntarily, a 20% co-payment applies.
Advanced Illness Benefit for Oncology Patients	Subject to authorization and clinical criteria
PET Scans	Up to a maximum of 4 scans per person per treatment cycle, subject to authorisation, clinical criteria, review and the scan being done by a Network provider.
Stem cell transplants	Local bone marrow donor searches and transplants, up to the agreed rate, subject to clinical criteria, review and authorisation

OPTICAL

Optometry consultations	One eye test per person per year at an optometrist in the KeyCare optometry network.
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

OTHER SERVICES

IN-HOSPITAL	
Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria.
OUT-OF-HOSPITAL	
Auxilliary services (physiotherapy, occupational therapy, audiology, psychology, etc)	Not covered on this Option
Nursing services	Not covered on this Option, except for PMBs

ORGAN TRANSPLANTS

Hospitalisation	Unlimited. Only at Network Hospital, subject to Prescribed Minimum Benefits, strict clinical entry criteria and preauthorisation.
Medicine for immune-suppressive therapy	As per the Prescribed Minimum Benefits formulary.

PATHOLOGY AND RADIOLOGY

IN-HOSPITAL	**IN-HOSPITAL**
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 of R4 050 per person per year.
Radiology (X-rays) and pathology subject to preauthorisation.	Paid from Major Medical Benefit, subject to in-hospital Preferred Provider Network, subject 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.
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits
OUT-OF-HOSPITAL	**OUT-OF-HOSPITAL**
MRI and CT scans, including ultrasounds: Subject to authorisation and referral by a KeyCare Specialist	Covered by Specialist Benefit up to R4 050, if referred by KeyCare GP.
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 050 specialist limit.
Endoscopic procedures: Gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy, subject to preauthorisation.	Not covered on this Option, subject to Prescribed Minimum Benefits

PROSTHESES

INTERNAL PROSTHESES	
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	Not covered on this Option
Other internal prostheses (subject to clinical criteria)	Unlimited, subject to authorisation and clinical criteria. Paid up to 100% of the Scheme Rate
Cardiac stents	Subject to authorisation and clinical criteria. Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to R6 825 per drug-eluting stent and R5 775 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.
EXTERNAL MEDICAL ITEMS	**EXTERNAL MEDICAL ITEMS**
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
Crutches, wheelchairs, artificial limbs, stoma bags, etc.	Mobility benefits: R5 400 per family from the Scheme's Designated Service Provider. If the Designated Service Provider is not used, then no benefit will be payable
Bluetooth-enabled glucose monitoring device	Subject to authorisation and clinical criteria and limited to one device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes

PREVENTATIVE CARE

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 the Major Medical Benefit only if one of the Scheme's contracted providers is used. HbA1C and LDL tests, specific to Diabetes and Cholesterol, unlimited and paid from Major Medical Benefit, subject to clinical criteria.
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. Consultations, other related costs and procedures paid subject to the applicable benefits. More frequent PAP smear and Mammogram testing, MRI breast scans and once off BRCA testing subject to clinical criteria and authorisation.
Pneumococcal vaccinations	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.
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 per person per year, at the Scheme Rate, for one or all of the listed screening tests, if performed at the same time. Payable from the Major Medical Benefit only if one of the Scheme's contracted providers is used.

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 Scheme Rate
Dialysis and other renal care-related treatment and educational care	Not covered on this Option

TERMINAL OR COMPASSIONATE CARE

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 R44 050 per person per lifetime. This limit applies for all other claims.

TRAUMA RECOVERY BENEFIT

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 occurred.

Paid over and above any Diagnostic Treatment Pair PMB requirements 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:

	M	+1	+2	+3+
Allied and therapeutic healthcare services	R 7 350	R11 100	R13 800	R16 650
Prescribed Medicine	R14 400	R17 000	R20 200	R24 550
External Medical Appliances:	R27 400			
Hearing Aids	R14 100			
Prosthetic limbs	R82 000			

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria

TOTAL CONTRIBUTIONS

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.

LA KEYPLUS TOTAL CONTRIBUTIONS

Income	Member	Adult	Child dependant	Maximum for 3 child dependants
R0 – R8 700	R1 075	R 939	R 393	R1 179
R8 701 – R12 000	R1 135	R 992	R 414	R1 242
R12 001+	R1 708	R1 520	R 638	R1 914

MENTAL HEALTH

IN-HOSPITAL Psychiatric hospitals, subject to preauthorisation and case management (in-hospital) or alcohol and drug rehabilitation.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.	Prescribed Minimum Benefits. 21 days per person, paid from Major Medical Benefit, 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.
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.
OUT-OF-HOSPITAL 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	Paid from Medical Savings Account/Above Threshold Benefit. Limited to R18 450 per family per year with a sub-limit of R6 150 per person for alcohol and drug rehabilitation. Subject to Prescribed Minimum Benefits

ONCOLOGY (CANCER-RELATED CARE)

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 to a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments.	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 a threshold of R228 000. A 20% co-payment applies after this. Prescribed Minimum Benefits-related oncology care is paid in full without any co-payments.	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 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.	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 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.
PET scans.	No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used.	No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used.	No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used.	No overall limit in a 12-month cycle. Must obtain benefits at the Scheme's Designated Service Provider, subject to preauthorisation. A co-payment of R3 440 will apply if the Designated Service Provider is not used.
Stem cell transplants.	You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval.	You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval.	You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval.	You have access to local and international bone marrow donor searches and transplant up to the agreed rate. Your cover is subject to clinical protocols, review and approval.
Advanced Illness Benefit for patients with end-of-life stage cancer out-of-hospital.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.	Paid from Major Medical Benefit. Subject to a basket of care and registration on the Oncology Management Programme by the treating doctor.

OPTICAL

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.
Spectacles, frames, contact lenses and refractive eye surgery.	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.	Paid from Medical Savings Account/Above Threshold Benefit up to a limit of R4 160 per person.

OTHER SERVICES

IN-HOSPITAL Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc).	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.
OUT-OF-HOSPITAL Auxillary services (physiotherapy, occupational therapy, audiology, psychology, etc).	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.
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 or Above Threshold Benefit.
Nurse practitioners.	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 R10 750 per family from Medical Savings Account or Above Threshold Benefit.
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 with no accumulation to the Threshold.

ORGAN TRANSPLANTS

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.
Medicine for immuno-suppressive therapy.	As per Chronic Illness Benefit Chronic Drug Amount.	As per Chronic Illness Benefit Chronic Drug Amount.	As per Chronic Illness Benefit Chronic Drug Amount.	As per Chronic Illness Benefit Chronic Drug Amount.

PATHOLOGY AND RADIOLOGY

IN-HOSPITAL	**IN-HOSPITAL**	**IN-HOSPITAL**	**IN-HOSPITAL**	**IN-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.
Radiology (X-rays) and pathology subject to preauthorisation.	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, subject to preauthorisation.	First R2 700 of Hospital account paid from Medical Savings Account. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account.	First R2 700 of Hospital account paid from Medical Savings. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in Medical Savings Account/Extended Day-to-day Benefit.	Paid from Major Medical Benefit; no overall limit.	Paid from Major Medical Benefit; no overall limit.
OUT-OF-HOSPITAL	**OUT-OF-HOSPITAL**	**OUT-OF-HOSPITAL**	**OUT-OF-HOSPITAL**	**OUT-OF-HOSPITAL**
MRI and CT scans, subject to preauthorisation.	First R2 700 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit.	First R2 700 of the scan paid from and limited to funds in Medical Savings Account. Remainder of the account is paid from Major Medical Benefit.	Paid from Major Medical Benefit; no overall limit.	Paid from Major Medical Benefit; no overall limit.
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.
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.

PROSTHESES

INTERNAL PROSTHESES	**INTERNAL PROSTHESES**	**INTERNAL PROSTHESES**	**INTERNAL PROSTHESES**	**INTERNAL PROSTHESES**
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants.	Paid from Major Medical Benefit up to R223 700 per person per year subject to preauthorisation.	Paid from Major Medical Benefit up to R223 700 per person per year subject to preauthorisation.	Paid from Major Medical Benefit up to R223 700 per person per year, subject to preauthorisation.	Paid from Major Medical Benefit up to R223 700 per person per year, subject to preauthorisation.
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 for two or more levels. Only one procedure per year will be authorised.	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 for two or more levels. Only one procedure per year will be authorised.	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 for two or more levels. Only one procedure per year will be authorised.	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 for two or more levels. Only one procedure per year will be authorised.
Shoulder replacement prostheses.	Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.	Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.	Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.	Unlimited and paid from the Major Medical Benefit if obtained from the Scheme's Preferred Provider. A limit of R41 700 per prosthesis will apply if the Preferred Provider is not used.
Major joint replacements, including hip and knee replacements.	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 Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.	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 Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.	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 Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.	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 Provider and limited to R30 000 per device, if obtained from a non-Preferred Provider.
Other internal prostheses (subject to clinical protocols).	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.
EXTERNAL MEDICAL ITEMS	**EXTERNAL MEDICAL ITEMS**	**EXTERNAL MEDICAL ITEMS**	**EXTERNAL MEDICAL ITEMS**	**EXTERNAL MEDICAL ITEMS**
Oxygen rental.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.	Covered in full at the Scheme's Designated Service Provider. Subject to preauthorisation and covered from Major Medical Benefit.
Crutches, wheelchairs, artificial limbs, stoma bags, etc.	Limited to funds in Medical Savings Account.	Limited to funds in Medical Savings Account.	Limited to funds in Medical Savings Account.	Limited to R26 400 per family with a sub-limit of R17 650 per family for hearing aids. Paid from Medical Savings Account/Above Threshold Benefit.
External medical items extender benefit.	Not covered on this Option.	Not covered on this Option.	Not covered on this Option.	Paid from Major Medical Benefit, subject to clinical criteria and approval.

PREVENTIVE CARE

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. Payable from Major Medical Benefit only if one of the Scheme's contracted providers is used. HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.	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 only if one of the Scheme's contracted providers is used. HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.	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 the Scheme's contracted providers is used. HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.	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 only if one of the Scheme's contracted providers is used. HbA1C and LDL tests unlimited and paid from Major Medical Benefit, subject to clinical criteria.
Screening Benefit at other providers: Mammogram, Pap smear and prostate-specific antigen tests.	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical Benefit. 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.	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical 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 BRCA testing subject to clinical criteria.	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical 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 BRCA testing subject to clinical criteria.	Limited to one Pap smear every three years, one mammogram every two years and one prostate-specific antigen test per person per year, paid from Major Medical 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 BRCA testing subject to clinical criteria.
Pneumococcal vaccinations.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.	Eligible members have access to one specific approved pneumococcal vaccine per lifetime paid from Major Medical Benefit.
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.

RENAL CARE

Acute and chronic dialysis.	No overall limit. Benefits subject to approval of treatment plan.	No overall limit. Benefits subject to approval of treatment plan.	No overall limit. Benefits subject to approval of treatment plan.	No overall limit. Benefits subject to approval of treatment plan.
Dialysis and other renal care-related treatment and educational care.	No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.	No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.	No overall limit. Benefits subject to approval of treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.	No overall limit. Benefits subject to a treatment plan and use of the Scheme's Designated Service Provider. Co-payments will apply if the Designated Service Provider is not used.

TERMINAL CARE BENEFIT (EXCLUDING FRAIL CARE)

Hospice.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.	Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.

TRAUMA RECOVERY BENEFIT

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 occurred.

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:

	M	+1	+2	+3+
Allied and therapeutic healthcare services	R 7 350	R11 100	R13 800	R16 650
External Medical Appliances:	R27 400			
Hearing Aids	R14 100			
Prescribed Medicine	R14 400	R17 000	R20 200	R24 550
Prosthetic limbs (with no further access to the external medical items limit)	R82 000			

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.

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:

	M	+1	+2	+3+
Allied and therapeutic healthcare services	R 7 350	R11 100	R13 800	R16 650
External Medical Appliances:	R27 400			
Hearing Aids	R14 100			
Prescribed Medicine	R14 400	R17 000	R20 200	R24 550
Prosthetic limbs (with no further access to the external medical items limit)	R82 000			

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.

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:

	M	+1	+2	+3+
Allied and therapeutic healthcare services	R18 600	R25 250	R30 800	R35 700
External Medical Appliances:	R40 800			
Hearing Aids	R19 800			
Prescribed Medicine	R20 400	R24 800	R29 900	R32 600
Prosthetic limbs (with no further access to the external medical items limit)	R82 000			

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated ServiceProviders and clinical entry criteria.

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:

	M	+1	+2	+3+
Allied and therapeutic healthcare services	R18 600	R25 250	R30 800	R35 700
External Medical Appliances:	R40 800			
Hearing Aids	R19 800			
Prescribed Medicine	R20 400	R24 800	R29 900	R32 600
Prosthetic limbs (with no further access to the external medical items limit)	R82 000			

Benefits are paid according to general Rules applicable to this Benefit Option in terms of Designated Service Providers and clinical entry criteria.

TOTAL CONTRIBUTIONS

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.

LA FOCUS: TOTAL CONTRIBUTIONS

Member	Adult	Child dependant	Maximum for 3 child dependants
R2 247	R1 453	R 661	R1 983

LA ACTIVE: TOTAL CONTRIBUTIONS

Member	Adult	Child dependant	Maximum for 3 child dependants
R2 690	R1 808	R 892	R2 676

LA CORE: TOTAL CONTRIBUTIONS

Member	Adult	Child dependant	Maximum for 3 child dependants
R5 056	R4 565	R1 510	R4 530

LA COMPREHENSIVE: TOTAL CONTRIBUTIONS

Member	Adult	Child dependant	Maximum for 3 child dependants
R6 775	R5 173	R1 642	R4 926