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Plan
Comparison

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LA KEYPLUS	LA FOCUS
KeyCare Network hospitals are the Designated Services Providers (DSP) for all In-Hospital procedures, including PMB care. Specific Day Surgery facilities are the DSPs for specific procedures or treatment	Any hospital in a Province with a coastline and specific hospitals in the other Provinces are the Designated Service Providers (DSP) for non-PMB care. KeyCare Network hospitals are the DSPs for PMB care. Day Surgery facilities are the DSPs for certain listed procedures

These Benefit Options provide medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions

To get full cover for out of hospital care, members must use the services of a GP in the KeyCare network and that of KeyCare Specialists working in a Network hospital	This Option pays for some day-to-day expenses from a Medical Savings Account
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PMB	Prescribed Minimum Benefits	All LA Health Medical Scheme benefit options cover the costs related to the diagnosis, treatment and care of: an emergency medical condition, conditions. The treatment needed must match the treatments in the defined benefits. You must use the services of Designated Service network once your condition has stabilised. If your treatment doesn't meet the criteria, we will pay up to 80% of the LA Health Rate (LAHR).	
MSA	Medical Savings Account	Not offered on this Option	Pays for day-to-day medical expenses like GP consultation fees, M R9 396 S/A R6 072 C (max 3) R2 760
EDB	Extended Day-to-day Benefit	Not offered on these benefit options	
ATB	Above Threshold Benefit	Not offered on these benefit options	
ALTERNATIVES DFALTERNATIVES	Out of hospital surgical and other procedures	Not offered on this benefit option	Surgical procedures performed in doctor's rooms and laser
	Hospital at Home	Acute and chronic care in lieu of hospitalisation paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, day-to-day benefits, but are subject to clinical criteria and specific limits that apply. On LA KeyPlus Hospital at Home providers are the DSPs	
	Approved Step Down Nursing Facilities	Unlimited up to 100% of the cost at LA Health Rate, subject to pre-authorisation and case management	

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LA COMPREHENSIVE

These Benefit Options have a Major Medical Benefit for all in-hospital and large expenses
KeyCare Network hospitals are the Designated Services Providers (DSP) for PMB in-hospital care
Specific Day Surgery facilities are the DSPs for certain listed procedures or treatment

These Benefit Options provide cover for the Prescribed Minimum Benefit Chronic Disease List medicine as well as for several Additional Chronic conditions

This Option pays for some day-to-day expenses from a Medical Savings Account. Further cover is provided through the Extended Day-to-day Benefit for GP, specialist, dentist, acute medicine, radiology, pathology and optical benefits

This Option pays for some day-to-day expenses from a Medical Savings Account. Further cover is provided through the Above Threshold Benefit for most disciplines

a defined list of 270 diagnoses, a defined list of 27 chronic conditions, HIV or AIDS and Oncology. Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit Providers (DSPs) in our network – this does not apply in medical emergencies. Where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network. You will be responsible for the difference between what we pay and the actual cost of your treatment

prescribed and over-the counter medicine, radiology and pathology as long as you have MSA available

M R8 856 | S/A R6 408 | C (max 3) R3 660

M R13 236 | S/A R11 568 | C (max 3) R5 316

M R16 452 | S/A R9 540 | C (max 3) R4 164

Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after you have run out of money in your Medical Savings Account

Not offered on this benefit option

M R6 212 | S/A R4 343 | C (max 3) R1 253

M R8 245 | S/A R5 758 | C (max 3) R2 243

Provides unlimited day-to-day healthcare cover once the Annual Threshold is reached, but specific annual benefit limits may apply.

ANNUAL THRESHOLD:

M R21 372 | S/A R14 580 | C (max 3) R6 420

tonsillectomy, 24 hour oesophageal pH studies and oesophageal motility studies paid up to the LA Health Rate. Subject to preauthorisation

clinical criteria, baskets of care and management by the Scheme's Designated Service Providers. Includes benefits for home monitoring devices. Approved cover for these devices will not affect your cover for certain conditions

LA KEYPLUS

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		LA KEYPLUS	LA FOCUS				
AMBULANCE SERVICES	DISCOVERY 911	Discovery 911 is the DSP for all medical emergency transport. Paid from Major Medical Benefit; no overall limit					
CANCER COVER	Oncology Benefit, including chemo- and radiotherapy	PMB Cancer treatment is always covered in full, subject to the use of a Designated Service Provider (DSP), where applicable If you choose to use any other provider, we will cover up to 80% of the LA Health Rate	Cancer treatment and Cancer-related PET Scans covered from medicine, that is on the Scheme's preferred product list, paid up to Rate if DSP not used to obtain a PET scan. You have access to local Applicable threshold: R250 000				
	Oncology Precision or Innovation Benefit	Not available on this Option	Precision Benefit: Cover for a defined list of innovative cancer				
CARDIAC STENTS		Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to R7 850 per drug-eluting stent and R6 400 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit	Paid up to the LA Health rate, from MMB subject to clinical criteria				
DENTISTRY	Dentistry in hospital	Not covered on this benefit option	<p>SPECIALISED DENTISTRY IN HOSPITAL Hospital accounts paid up to the LA Health Rate, subject to the</p> <table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years Older than 13 years</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years Older than 13 years</td> </tr> </table> <p>Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts, including those for non-Network dentists, anaeasthetists, etc.) subject to a limit of R29 260 per person per year</p> <p>RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL Paid from MSA</p>	Hospital	Younger than 13 years Older than 13 years	Day Clinics	Younger than 13 years Older than 13 years
	Hospital	Younger than 13 years Older than 13 years					
Day Clinics	Younger than 13 years Older than 13 years						
Dentistry out of hospital	Specialised dentistry not covered on this Option	Basic Dentistry: no overall limit, subject to a list of procedures from a dentist in the KeyCare Network	<p>SPECIALISED DENTISTRY OUT OF HOSPITAL Paid from MSA. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, paid from MMB</p> <p>BASIC DENTISTRY OUT OF HOSPITAL Paid from MMB if obtained from a Dentist in the DSP Network. Payable from MSA if non-DSP provides these basic dental services</p>				

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benefits In the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan and the use of the services of the Scheme's Designated Service Providers for treatment and the LA Health Rate. All claims accumulate to a threshold. A 20% co-payment applies after the threshold is reached for all non-PMB treatment and care. The Scheme pays claims up to 80% of the LA Health bone marrow donor searches and stem cell transplant up to the agreed rate, subject to clinical protocols, review and approval

Applicable threshold R500 000

medicine, subject to clinical criteria Paid up to 50% of the account

Innovation Benefit: Cover for a defined list of innovative cancer medicine, subject to clinical criteria. Paid up to 50% or 75% of the account, depending on the medicine used

and authorisation

applicable deductible for **IN-HOSPITAL SPECIALISED OR BASIC DENTISTRY**. Balance of Hospital/Day Clinic account (after deductible) paid from MMB.

R2 620

R6 620

R1 280

R4 340

Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R29 260 per person per year

Related, non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to a joint limit of R38 660 for in-and out-of-hospital specialised dentistry per person per year

Paid from and limited to funds in MSA/EDB

Paid from MSA/ATB, subject to joint limit of R19 970 per person per year for in- and out-of-hospital basic dentistry

Paid from and limited to funds in MSA/EDB

Paid from MSA/ATB, subject to joint limit of R38 660 per person per year for in- and out-of-hospital specialised dentistry

First R4 745 per family payable from MMB. Thereafter paid from MSA/EDB.

Paid from MSA /EDB

Paid from MSA/ATB, subject to joint limit of R19 970 per person per year for in- and out-of-hospital basic dentistry

		LA KEYPLUS	LA FOCUS				
DENTISTRY	Dental Trauma Benefit	Not available on this benefit option	In-Hospital Paid from the Major Medical Benefit. Subject to <table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years Older than 13 years</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years Older than 13 years</td> </tr> </table>	Hospital	Younger than 13 years Older than 13 years	Day Clinics	Younger than 13 years Older than 13 years
			Hospital	Younger than 13 years Older than 13 years			
Day Clinics	Younger than 13 years Older than 13 years						
			In- and Out-of-Hospital Dentist and related accounts paid from Dental appliances and prostheses All dental appliances and treatment in- or out-of-hospital				
DYSPEPSIA	Conservative treatment of Dyspepsia	Basket of care set by the Scheme, subject to authorisation, clinical criteria and treatment guidelines	Not applicable to these benefit options				
END OF LIFE CARE	Advanced Illness Benefit	Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation, subject to PMB					
	Advanced Illness Member Support Programme	For patients with advanced illnesses, requiring support at the time when they are trying to manage their symptoms, and understand their					
EXTERNAL MEDICAL ITEMS/MEDICAL EQUIPMENT BENEFIT	Oxygen rental	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply					
	External appliances / devices	Mobility benefits limited to R6 050 per family, subject to DSP. If the DSP is not used, then no benefit	Prosthetic limbs, eyes and other external prostheses, orthopaedic PMB. Limited to one wig per beneficiary per year. Wigs for				
			Paid from the MSA				
	External medical items extender benefit	Not available on these benefit options					
	Blood glucose monitoring device	1 device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes, subject to authorisation and clinical criteria. Limited to the home monitoring device limit of R4 700 per person per year	Subject to the External appliances / devices benefit				
Continuous blood glucose monitoring	Not offered on this Option	R1 890 per person per month for sensors only, subject to an annual Paid from MMB for persons registered on the Diabetes Management payable from MSA					

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pre-authorisation, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic

R2 620
R6 620
R1 280
R4 340

the Major Medical Benefit, up to 100% of the Scheme Rate

prostheses, and the placement thereof, as well as orthodontics (surgical and non-surgical) paid from the Major Medical Benefit, subject to a joint limit of R68 250 per person per year for

healthcare needs. Paid from Major Medical Benefit. Subject to a basket of care, authorisation, clinical criteria and guidelines

appliances (including wheelchairs and crutches), nebulisers, glucometers, diabetic equipment, low vision devices, diagnostic agents and appliances, stoma bags, bandages, hearing aids and wigs, subject to non-oncology alopecia as requested by a dermatologist or as prescribed

Paid from MSA/ATB. Limited to R35 790 per family with a sub-limit of R23 930 per family for hearing aids and R5 260 per wig per person per year

Paid from Major Medical Benefit, subject to clinical criteria and approval

co-payment of R950 per adult or R1 890 per paediatric beneficiary. Programme. Readers or Transmitters limited to R5 150 per device,

R1 890 per person per month for sensors only, subject to an annual co-payment of R1 370 per adult or R1 890 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 150 per device, payable from MSA

R1 890 per person per month for sensors only, subject to an annual co-payment of R1 370 per adult or R1 890 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 150 per device, payable from MSA/ATB

		LA KEYPLUS	LA FOCUS
GENERAL PRACTITIONERS (GPs)	GP consultations and services, including virtual and tele-consultations	<ul style="list-style-type: none"> In-hospital visits paid in full if the services of a KeyCare Network GP are used 15 Out of hospital visits per person at the selected GP in the KeyCare network. Additional visits subject to authorisation 3 Unscheduled, emergency visits, per person at selected Network GP 2 out-of-network clinic-based visits per person per year and selected blood tests, X-rays and acute medicines ordered by the clinic or nurse or the out-of-network Dr, if referred by the nurse 1 Casualty/outpatient Benefit (excluding facility fees) per person at a Network hospital, subject to a R475 co-payment 	<ul style="list-style-type: none"> In hospital unlimited and paid up to the LA Health Rate Out of hospital paid from MSA 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables
HOSPITAL AND DAY SURGERY COVER <i>Subject to preauthorisation and clinical entry criteria</i>	Pre-operative Assessment for the following major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy and mastectomy	Paid once per hospital admission from the Major Medical Benefit up to 100% of the LA Health Rate according to a benefit basket.	
	Private Hospital, including pathology, radiology, physiotherapy, blood transfusions, other blood products and allied treatment authorised as part of the event/procedure	Unlimited cover in a general ward	Full cover in any approved private hospital in a Province with a coastline and specific hospitals in the remaining South African Provinces. If you use a hospital outside the LA Focus Hospital network, we pay up to the LA Health Rate and you must pay the difference. All other authorised in-hospital treatment and care paid at the LA Health rate
		Full cover if you use a hospital in the KeyCare Hospital Network and at 100% of the LA Health Rate for treatment or procedures that are not PMBs, if a non-network hospital is used. Planned procedures paid for in Network Hospitals only	
	Day Surgery Procedures	You are covered in any facility approved by the Scheme. The facility must be in the LA KeyPlus Network of Day Surgery Facilities. The Day Surgery Network is the DSP for certain procedures	You are covered in any facility in the LA Focus Network of Day Surgery Facilities. If the DSP service is not used, a R7 000 deductible applies to the facility account
	Spinal or colorectal care and surgery	In- and out-of-hospital management of colorectal care and surgery, including related accounts, paid up to the LA Health Rate, subject to clinical criteria, authorisation and DSP. If DSP is not used, paid at 80% of the LA Health rate. No benefits in relation to spinal care, except PMB	In- and out-of-hospital management of spinal or colorectal care and Out-of-hospital conservative spinal treatment subject to a
Hospitalisation for select members with one or more chronic conditions	Paid in full if registered on a Disease Management Programme. Paid up to 80% of the Scheme Rate for the Hospital and Related accounts if not registered on the Programme	Subject to stated benefits in each of these benefit options for	
MANAGED CARE PROGRAMMES	HIVCare Programme	Subject to PMB. Unlimited, paid at cost subject to clinical criteria and guidelines	
	Diabetes and Cardio Care Programme	Subject to PMB. Non-PMB and other related services covered in a treatment basket, subject to referral by the DSP Network GP and participation	
	Disease Prevention Programme to manage Cardio-metabolic syndrome	Coordinated by eligible beneficiary's Primary Care GP, supported by Dietitians and Health Coaches. Subject to PMB. Non-PMB and other related	
	Mental Health Care Programme	Subject to enrollment on the programme. Non-PMB and other related services covered in a treatment basket, subject to referral by DSP Network GP	

LA ACTIVE

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LA COMPREHENSIVE

- In hospital unlimited and paid up to the LA Health Rate
- Out of hospital paid from MSA/EDB
- 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables

- In hospital unlimited and paid up to the LA Health Rate
- Out of hospital paid from MSA/ATB
- 2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables

Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols

You are covered in any private hospital approved by the Scheme, subject to authorisation
If the procedure is a PMB, you must make use of the services of a PMB Hospital in the KeyCare Network of hospitals

You are covered in any facility approved by the Scheme. If the service of a DSP facility is not used, a R7 000 deductible applies to the facility account

surgery paid up to the LA Health Rate at Network DSP, subject to clinical criteria. If DSP is not used, paid at 80% of the LA Health rate. Related accounts paid up to the LA Health Rate basket of care

In-Hospital and other related treatment

on the Chronic Illness Benefit.

services covered in a treatment basket, subject to registration by the DSP Network GP and the beneficiary having undergone the adult Screening Tests

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		LA KEYPLUS	LA FOCUS
REPRODUCTIVE HEALTH	Assisted reproductive therapy	Not covered on these benefit options	
	Maternity cover during the pregnancy and for two years after your baby's birth once the benefit is activated	DURING PREGNANCY <ul style="list-style-type: none"> 8 antenatal consultations with your gynaecologist, GP or midwife Two 2D ultrasound scans, including one nuchal translucency test, per pregnancy. 3D and 4D scans are paid up to the rate we pay for 2D scans One T21 chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria A defined basket of blood tests 5 antenatal or postnatal classes or consultations with a registered nurse, up until two years after you have given birth Two mental health consultations with a counsellor or psychologist 	
	Doulas	Not available on this benefit option	Paid from MSA only
MEDICINE BENEFITS	PMB Chronic Illness conditions	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits	
	Chronic Medicine Cover including take-home approved chronic medicine at discharge from hospital	Approved chronic medicine covered in full when you use one of our network pharmacies or your chosen GP dispenses the medicine. Your chosen GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest cost formulary medicine for the condition	Approved medicine on our medicine list covered in full when you use a the monthly CDA, whether on the medicine list or not
	Acute medicine, including take-home prescribed medicine at discharge from hospital	Acute medicine covered with no overall limit from Designated Service Provider. Medicine when discharged from hospital limited to R220 per admission.	Paid from the MSA up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list
	Over the Counter (OTC) medicine: Schedule 0, 1 and 2 medicine, whether prescribed or not	Not covered on this benefit option	Paid from MSA up to 100% of the cost. Limited to R2 500 for a single member and R4 500 for a family
	Specialised Medicine and Technology Benefit	Not covered on these benefit options	

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Limited to R135 000 per person per year. Paid from the Major Medical Benefit, up to maximum of 75% of the LA Health Rate. Subject to the services provided by the Scheme's Preferred Provider (where applicable), protocols, the condition meeting the Scheme's entry criteria and guidelines. Cryopreservation paid for up to 5 years

AFTER YOU GIVE BIRTH

- Your baby is covered for up to two visits to a GP, paediatrician or an ENT
- You are covered for one six-week post-birth consultation at your midwife, GP or gynaecologist for complications post delivery
- One nutritional assessment at a dietitian
- One breastfeeding consultation with a registered nurse or a breastfeeding specialist

To access these benefits on LA KeyPlus, your chosen GP must refer you

Antenatal classes limited to R2 095 per pregnancy for mothers not registered on the Maternity Programme, paid from MSA/ATB on the LA Comprehensive Option only

You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List (ADL)

network pharmacy. Medicines not on our list paid 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

Medicine for Additional Disease List conditions limited to

M R14 210	M+ R28 205
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Medicine for Additional Disease List conditions limited to

M R6 945	M1 R13 985	M2 R16 185
M3 R18 410	M4 R19 935	M5+R21 920

Paid from the MSA/EDB up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list

Paid from the MSA/ATB up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list, limited based on the number of registered beneficiaries

M R13 005	M1 R16 635	M2 R20 055
M3 R23 125	M4+R26 315	

Paid from MSA/EDB up to 100% of the cost. Limited to R2 500 for a single member and R4 500 for a family

Paid from MSA up to 100% of the cost without accumulation to the Threshold. Limited to R2 500 for a single member and R4 500 for a family

Subject to authorisation. Paid at the LA Health Medicine Rate up to R253 100 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied

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		LA KEYPLUS	LA FOCUS
MENTAL HEALTH BENEFITS	PMB	Maximum overall limit of 21 days for in and out of hospital care paid at cost at DSP, subject to clinical criteria. The limit includes benefits for	
	PMB Alcohol or drug abuse-related treatment and care	Paid at cost for PMB care at DSP. Limited to a maximum of 21 days for alcohol or drug abuse related rehabilitation, or treatment and care in	
	Out of hospital, non-PMB mental health benefits	<p>Paid from the applicable benefits, subject to the use of the Network DSP providers' services</p> <p>Psychiatrists paid subject to the Specialist limit of R5,550 as per Daleen document</p>	Paid from MSA
OPTICAL	Optical	<p>One eye test per person per year and one pair of clear mono- or bi-focal glasses or contact lenses per person every two years, from last date of service, at an Optometrist in the KeyCare Network. Refractive eye surgery not covered on this benefit option</p>	Paid from the Medical Savings Account
ORGAN TRANSPLANTS	Organ transplants, including bone marrow/stem cell transplants	Subject to PMB and the use of Network DSP providers. A 20% co-payment applies if non-network providers are used. Subject to clinical criteria and authorisation	Subject to PMB. Paid at cost/up to the LA Health Rate, subject to



LA ACTIVE

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a maximum of 21 days in hospital and/or 15 psychiatrist / psychologist contacts out of hospital, both accruing to the overall limit of 21 days. If services of DSP hospital are not used a 20% co-payment applies

the case of an attempted suicide and 3 days for in-hospital detoxification services. Accumulates to the overall limit of 21-days of PMB care for Mental Health

Paid from MSA/EDB

Paid up to the LA Health Rate, subject to the Out of Hospital non-PMB limit of R25 050 per family for non-PMB mental health care. Includes a sub-limit of R8 300 per beneficiary for non-PMB treatment and care related to alcohol and substance abuse

Paid from the MSA/EDB

Eye test consultations paid from MSA/ATB. Spectacles, frames, contact lenses and refractive eye surgery paid up to a limit of R5 940 per person per year from MSA/ATB

authorisation and clinical criteria. Stem cells must be locally sourced



LA KEYPLUS

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		LA KEYPLUS	LA FOCUS
OTHER SERVICES	IN HOSPITAL		
	Auxiliary services (physiotherapy, occupational therapy, audiology, psychology, etc.)	Paid from Major Medical Benefit, subject to preauthorisation and clinical criteria	
	OUT OF HOSPITAL		
	Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc.)	Not covered on this Option	Limited to funds in the Medical Savings Account
	Nurse practitioners	Not covered on this Option, except for PMB	Limited to funds in Medical Savings Account
	Unani-Tibb therapy	Not covered on this Option	Limited to funds in Medical Savings Account
SCREENING AND PREVENTION	Screening benefits for adults and children	<p>We cover certain tests at a wellness network provider: blood glucose, blood pressure, cholesterol and body mass index. We also cover network providers. Cover is provided for a group of age appropriate screening tests for persons who are older than 65 years</p> <p>We also cover a mammogram or ultrasound of the breast every two years, Pap smear every three years, PSA (a prostate seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria</p>	
	Vaccines (excluding those for influenza and COVID-19)	Other vaccines are covered from the day-to-day benefits that apply for the specific benefit option	



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Limited to funds in the Medical Savings Account or Above Threshold Benefit

Paid up to a limit of R14 580 per family from Medical Savings Account or Above Threshold Benefit

Limited to funds in the Medical Savings Account with no accumulation to the Threshold

tests for children between the ages of 2 and 18 years, which include a growth assessment and health and milestone tracking for children between the ages of 2 and 8 years at any one of our wellness screening test) once a year, Pneumococcal vaccinations subject to age appropriate intervals, bowel cancer screening tests every two years for members between 45 and 75 years, HIV screening tests, or a



		LA KEYPLUS	LA FOCUS
PATHOLOGY AND RADIOLOGY	Pathology	Out of hospital pathology services up to the LA Health rate. Jointly limited to the Specialist Services limit of R5 550 per person per year. Includes benefits for services rendered in a casualty/outpatient facility	<p>IN HOSPITAL Basic pathology paid up to the LA Health Rate, subject to the use of</p> <p>OUT OF HOSPITAL Paid from MSA</p>
	Gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy	Prescribed Minimum Benefit cover, in the KeyCare Day Surgery Network. If done in the doctor's rooms, we pay the account from the Major Medical Benefit	<p>IN HOSPITAL First R3 680 of Hospital account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA</p> <p>OUT OF HOSPITAL Paid from MMB. Unlimited, subject to preauthorisation. Related accounts</p>
	MRI and CT Scans and ultrasounds	<p>In-hospital scans paid as part of treatment for the authorised condition, at DSP hospital. If not related to the admission, limited to the Specialist benefit limit of R5 550 per person per year</p> <p>Out of hospital scans paid from the Specialist Benefit limit of R5 550, if referred by KeyCare GP</p>	<p>In hospital scans: Unlimited, paid up to 100% of the LA Health Rate</p> <p>OUT OF HOSPITAL The first R3 680 of the scan paid from the MSA. The remainder of the</p>
	Radiology, including X-rays	<p>Paid from MMB, at DSP Hospital, subject to clinical criteria. If the services of the Preferred Provider are not used, paid to the member at the Scheme Rate</p> <p>Out of hospital: Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP</p> <p>Requests from specialists covered up to the R5 550 specialist limit</p>	<p>In hospital: Paid from MMB, subject to authorisation</p> <p>Paid from MSA</p>
PROSTHESES	Internal prostheses	<p>Unlimited and paid up to the LA Health Rate, subject to clinical criteria</p> <p>No cover on this benefit option for cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices</p>	<p>Cochlear implants, implantable defibrillators, internal nerve stimulators</p> <p>Spinal devices/prostheses: Unlimited if obtained from Designated</p> <p>Shoulder replacement prostheses: Unlimited if obtained from the Major joint replacements, including hip and knee replacements: from the Scheme's Preferred Provider and limited to the applicable</p> <p>Internal prostheses not mentioned elsewhere in this brochure: Paid up</p>
RENAL CARE	Acute and chronic dialysis, including authorised medicine to treat the condition	<p>Unlimited in a KeyCare Network, subject to PMB. Subject to authorisation and clinical criteria</p> <p>Non-PMB treatment paid up to 100% of the LA Health Rate.</p> <p>Other renal care-related treatment and educational care not covered on this Option</p>	Acute and chronic dialysis unlimited paid at cost for PMB treatment

LA ACTIVE

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the services of the Scheme's Designated Service Provider.

OUT OF HOSPITAL

Paid from MSA/EDB

OUT OF HOSPITAL

Paid from MSA/ATB

IN HOSPITAL

First R3 680 of Hospital account paid from MSA. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in MSA/EDB

IN HOSPITAL

Paid up to the LA Health Rate, subject to authorisation

paid from available day-to-day benefits as per the specific benefit option.

account is paid from Major Medical Benefit.

OUT OF HOSPITAL

Unlimited up to the LA Health Rate

Paid from MSA/EDB

Paid from MSA/ATB

and auditory brain implants paid up to R261 000 per person per year, subject to preauthorisation.

Service Provider. If the Network Provider is not used, paid up to the negotiated Network rate per level up to a maximum of two levels per beneficiary per year.

Scheme's Preferred Provider. Limited to the applicable negotiated Network rate per device, per admission if from a non-Preferred Provider.

Paid subject to the use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply to the hospital account. Devices for hip or knee replacements unlimited negotiated Network rate per device, per admission, if obtained from a non-Preferred Provider.

to the LA Health rate, subject to preauthorisation and clinical criteria

and up to the LA Health rate for other services: Unlimited, subject to the approval of a treatment plan and the use of the services of the DSP. Co-payments will apply if the DSP is not used

		LA KEYPLUS	LA FOCUS
SPECIALISTS	Specialist consultations	In Hospital: On referral from the Network GP, full cover for a Specialist in the LA KeyPlus Network. Paid up to the LA Health Rate if the in-hospital services of other specialists are used Limited to R5 550 per person for out-of-hospital services, only if referred by the KeyCare Network GP. This limit includes benefits for radiology and pathology	<p>IN HOSPITAL Paid up to the agreed rate for services provided by the DSP specialists</p> <p>Out of hospital paid from MSA</p> <p>Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted</p>
		Second-opinion international clinical review consultations obtained from specialists at the Cleveland Clinic paid from Major Medical Benefit to a	
TRAUMA RECOVERY BENEFIT	Cover for specific trauma-related incidents	Benefits are paid up to the end of the year following the one in which the traumatic event occurred, subject to the use of the Scheme's	
WHO OUTBREAK BENEFIT	Out of hospital management and appropriate supportive treatment for World Health Organization recognised disease outbreaks 1. COVID-19, subject to PMB 2. M-Pox	Limited to a basket of care set by the Scheme per condition. Subject to obtaining the service from the Scheme's preferred providers / DSPs, where applicable, and further subject to the condition and the	
WELLTH FUND	WELLTH Fund	<p>Primary healthcare screening services for visual, hearing, dental and skin conditions; Physical well-being screening at a dietitian, biokineticist monitoring devices</p> <p>Limited to a basket of care as set by the Scheme, limited to: R2 500 per adult beneficiary once per lifetime; R1 250 per child beneficiary once</p> <p>Subject to completion of basic screening tests. Subject to the use of Network providers (where applicable), clinical entry criteria, treatment</p> <p>Available to all LA Comprehensive, LA Core, LA Active and LA Focus members, who were members of the Scheme on 1 January 2024, have</p>	

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

TOTAL CONTRIBUTIONS	Remember members may be in receipt of a subsidy, and will only have to pay a portion of the total contribution. Their portion of this total contribution will have to be calculated on their				
	Income	Member	Adult	Child	Maximum for 3 child dependants
LA KEYPLUS	R0 – R11 600	R1 500	R1 310	R548	R1 644
	R11 601 – R16 200	R1 581	R1 383	R577	R1 731
	R16 201+	R2 381	R2 119	R889	R2 667

LA ACTIVE

LA CORE

LA COMPREHENSIVE

and up to the LA Health Rate when the services of non-DSP Specialists are used

Out of hospital paid from MSA/EDB

Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA/EDB is depleted

Out of hospital paid from MSA/ATB

Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted and before the Threshold is reached, but do not accumulate to the Threshold

maximum of 75% of the cost of the consultation. Subject to preauthorisation

Designated Service Providers, clinical entry criteria, and certain limits. There are specific benefits for the person affected by the trauma and for the registered beneficiaries who are indirectly affected.





treatment meeting certain clinical criteria and guidelines.

and/or physiotherapist; Women and men's screening and prevention healthcare services; Screening and prevention healthcare services for children, and cover for a defined list of registered screening and health

per lifetime; up to a maximum of R10 000 per family guidelines and protocols.

access to the benefit to 31 December 2025. New members joining after 1 January 2024, have access to the benefit from their joining date to the end of the next year.

subsidy level, taking into account the maximum subsidy value paid by the employer

	 Member	 Adult	 Child	 Maximum for 3 child dependants
LA FOCUS	R 3 133	R2 023	R 919	R2 757
LA ACTIVE	R 3 833	R2 578	R1 271	R3 813
LA CORE	R 7 621	R6 879	R2 277	R6 831
LA COMPREHENSIVE	R10 214	R7 798	R2 476	R7 428



We're in it for **your health**



To find out more, please call LA Health Medical Scheme on 0860 103 933, visit www.lahealth.co.za or contact your accredited LA Health broker. This leaflet is a summary of LA Health's key benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

● CLIENT SERVICES 0860 103 933 ● WWW.LAHEALTH.CO.ZA ● SERVICE@LAHEALTHMS.CO.ZA ● REPORT FRAUD ANONYMOUSLY 0800 004 500



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