Annexure B(5)

BENEFIT SCHEDULE

LA KEYPLUS OPTION
(With effect from 1 January 2025)

GENERAL RULES APPLICABLE TO THIS ANNEXURE

(1) The Scheme's appointed DSP for this option is the KeyCare Primary Care Network..

(2) The Scheme's DSP for in-hospital care is the KeyCare Hospital network. Members are required to undergo treatment for all elective PMB's and non-PMB elective treatment at the KeyCare Network Hospitals. Certain treatment / procedures, stipulated in Annexure H of these Rules, must be performed at one of the Scheme's DSP Day Surgery facilities.

(3) Certain conditions to be treated by the Scheme's DSP provider for Home-based care in lieu of hospitalisation, subject to PMB..

(4) This option has no overall annual limit for Major Medical Benefits (MMB).

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
1.	**Statutory Prescribed Minimum Benefits subject to paragraph 1.4 of Annexure B**			Prescribed Minimum Benefits accumulate to the available limits first
	Network Hospital: non-elective and emergency PMB's Network Hospital: elective PMB	100% of cost 100% of the cost	Unlimited	1. Basis of cover as contained in Annexure G. 2. Diagnostic, treatment, and care costs subject to relevant clinical and managed care criteria, covered from MMB. 3. Subject to PMB and pre-authorisation. For non-emergency PMB admissions, claims in Network Hospitals paid at cost. 4. In the event of an **emergency** any private hospital may be used to stabilise the patient. Once stabilised the patient must be transferred to a network hospital.
	Out of Hospital (All health services relevant to **PMB's**)	100% of Cost	Unlimited	Diagnostic, treatment, and care costs subject to Scheme's relevant treatment protocols. Covered from MMB.
2.	**Network Hospitals** Accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital equipment, visits by medical practitioners, confinement, and midwives.	100% of Cost up to LAHR	Unlimited	Subject to PMB, authorisation / approval and the treatment meeting the Scheme's clinical and managed care criteria.
	Non-Network Hospitals Emergency admissions in a Non-Network Hospital	Up to 100% of the cost		Patient to be transferred to a network hospital as soon as stabilised, unless otherwise agreed by the Scheme. Subject to PMB.
	Non-emergency, PMB admissions in a Non-Network Hospital	Up to 80% of the cost		A 20% co-payment applies for all elective PMB's performed in a Non-Network Hospital.
	Elective, non-PMB treatment in a Non-Network Hospital		Not applicable	No benefit for non-PMB's.
	Day-surgery care Healthcare services reflected in **Annexure H** in a defined list of Network facilities	Up to 100% of the LAHR	Unlimited	1. Subject to authorisation and/or approval and clinical criteria. 2. Related accounts paid up to 100% of the LA Health Rate. 3. Medicines paid up to 100% of the LA Health Medicine Rate

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
3.	**HIV/Aids and related treatment**	100% of Cost	Unlimited	1. Subject to evidence-based managed care protocols/ formularies as provided for in regulation 15 and managed by the Scheme's Management Programme. (refer Annexure G)
	Post-exposure HIV-prophylaxis following occupational or traumatic exposure, sexual assault, or mother-to-child transmissions	Up to 100% of the cost	Unlimited	
	HIV/AIDS-related GP consultations	Up to 100% of the cost	Unlimited	Subject to authorisation and obtaining treatment from DSP GP. A 20% co-payment applies if non-Network GP is used voluntarily.
4.	**Administration of defined intravenous infusions** Medicine used during these procedures	Up to 100% of the LAHR at Network Paid up to 100% of the LAMR	Unlimited	1. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria. 2. A 20% payable in respect of the hospital account for treatment obtained at a non-Network Provider.
5.	**Hospitalisation for select members suffering from one or more significant chronic conditions** Non-emergency admissions	Paid up to 100% of the LAHR	Unlimited	For members on the Scheme's Disease Management Programme, and further subject to authorisation and the patient meeting the clinical criteria. 1. Paid up to a maximum of 80% of the LAHR of the hospital and related accounts for beneficiaries who are not on the Programme for non-PMB conditions
6.	**Conservative treatment for dyspepsia**	Up to 100% of the LAHR	Basket of care set by the Scheme	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.
7.	**Home-based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home** (Subject to PMB)	Paid up to 100% of the LAHR	Unlimited	1. Subject to the treatment meeting the Scheme's treatment guidelines and clinical and benefit criteria. 2. Covered in full from MMB at the DSP for COPD, Pneumonia, UTIs, Heart Failure, Deep Vein Thrombosis, Cellulitis, Asthma and Diabetes. 3. All other approved home-based treatment and care subject to the Scheme's preferred provider (where applicable) 4. Subject to benefits defined in a basket of care.
	Home-monitoring devices for clinically appropriate chronic and acute conditions	Paid up to 100% of the LAHR from MMB	Limited to R4,700 per person per year	1. Subject to approval of the use of the device and subject to protocols and clinical and benefit criteria.
8.	**Drug and alcohol rehabilitation**	Up to 100% of the LAHR	21 days rehab 3 days detox	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria. Subject to PMB's

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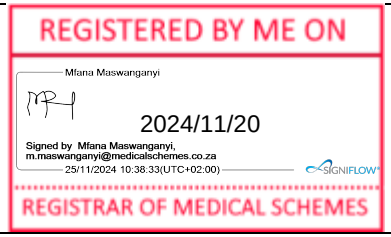
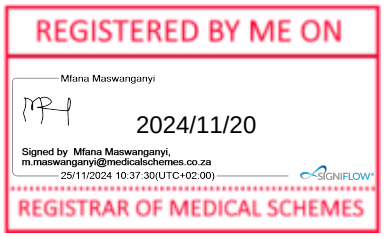
REGISTRAR OF MEDICAL SCHEMES

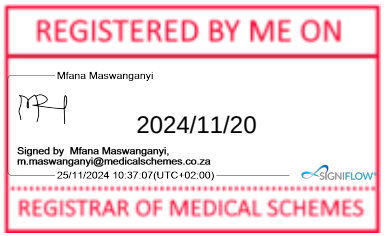
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
9.	**Cardiac Stents** 	Up to 100% of the LAHR	Unlimited if stent is supplied by Network Provider	Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical criteria. 1. If stent is supplied by non-Network supplier: Limited to R7 850 per drug-eluting stent per admission; and R6,400 per bare metal stent per admission. 2. The device accumulates to the limit when non-Network suppliers are used. The costs of the hospital and related accounts do not accumulate to the stent limit. 3. Subject to PMB
10..	**Mental Health** • In- or Out-of-Hospital PMB related care	100% of cost up to LAHR	Up to a maximum of 21 Days per beneficiary per annum, subject to PMB	1. Covered in full from MMB at the DSP. 2. If services of non-DSP is used voluntarily, a 20% co-payment applies to the hospital account. 3. Subject to clinical criteria and protocols. 4. A maximum of 21 Days In-Hospital or 15 days Out-of-hospital psychologist or psychiatrist contacts for PMB related conditions, both accruing to the maxImum of 21 treatment days.
	• Out of Hospital Treatment by psychiatrists only	100% of LAHR	R5 550 joint limit per beneficiary	Subject to the Specialist benefit limit.
	Mental Health Care Programme Disease management for major depression for members registered on the Mental Health Care Programme, including benefits to prevent relapse or recurrence of a major depressive episode	Up to 100% of the LAHR, from MMB	Limited to a basket of care as set by the Scheme	1 Non-PMB GP-related services, on referral from the Scheme's Network GP. 2 Limited to services in the Scheme's basket of care. 3 Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria.
11.	**Surgical procedures (In Hospital)** **Major Maxillo Facial Surgery (In Hospital)** Severe infections, jaw-joint replacements, cancer-related and trauma-related surgery, cleft-lip and palate repairs	100% of LAHR	Unlimited	1. Subject to authorisation at a Network hospital. Subject to PMB
12.	**Practitioners / Specialists** • In Hospital KeyCare Direct Payment Arrangement (DPA) Specialists	Up to 100% of the DPA Rate	Unlimited	PMB benefits subject to Annexure G paragraph A. 1. Member must be referred by his/her chosen GP.
	Other specialists who work in a Network Hospital	Up to 100% of the LAHR		1. Member must be referred by his/her chosen GP.
	• Out of Hospital KeyCare Direct Payment Arrangement Specialists	Up to 100%of the DPA Rate	Limited to R5 550 per beneficiary per year	Require referral by the members chosen DSP GP. 1. Basic x-rays obtained from a network of radiographers, MRI and CT scans covered only if requested by a member's chosen DSP doctor.
	Other Specialists working in the Network Hospitals	Up to 100% of the LAHR	Subject to the Specialist limit of R5 550 per person per year	2. Basic blood tests available if requested by member's chosen DSP doctor, from the DSP pathologist only.
	International clinical review consultations	75% of Cost	Unlimited	Subject to the use of the services of the Scheme's Preferred Provider, clinical and managed care criteria.
	Other Providers in hospital	Up to 100% of the LAHR	Unlimited	
	Out of Hospital Preoperative Assessment for the following list of major surgeries: arthroplasty, colorectal surgery, coronary artery bypass graft, radical prostatectomy, and mastectomy	Up to 100% of the LAHR	Limited to specific benefits as defined in a basket of care	1. Subject to authorisation and the use of the services of DSP Specialist. 2. Paid once per hospital admission from the Major Medical Benefit.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
13.	**General Practitioners (GP)**			
	• In Hospital	Up to 100% of the LAHR	Unlimited	
	• Out of Hospital GP visits and selected minor procedures	Up to 100% of the LAHR	Unlimited, but authorisation required after 15th GP visit per person for in the year	1. Payment limited to visits and minor procedures obtained from member's Network GP. 2. Beneficiaries can elect to change GP selection 3 times per year. 3. Benefits subject to selected consultation and procedure codes. 4. If authorisation is not obtained after 15th visits for any one person in the year, no further GP benefits except those for PMB's, will be paid.
	Unscheduled, after-hour GP visits	Up to 100% of the LAHR	Limited to 3 visits per person per year	
	Out of network Clinic-based visits	Up to 100% of the LAHR	Limited to 2 Clinic-based visits per person per year.	1. GP consultations (virtual / face to face) subject to referral by the healthcare provider at the clinic, clinical criteria and guidelines 2. Treatment must be requested by a nurse or General Practitioner. 3. Includes cost of selected blood tests, selected x-rays and acute medicines, according to the Scheme's formulary and clinical guidelines. 4. Subject to PMB.
14.	**Casualty Visits**			
	Visits to casualty units at KeyCare Network hospitals	Up to 100% of the LAHR	Limited to one Non-PMB casualty visit per person per year	Subject to authorisation 1. First R500 of the casualty unit's account payable by the beneficiary. 2. Balance of the Account paid from MMB. 3. Pathology, radiology, or medicine will be subject to applicable clinical guidelines. 4. Specialist consultations subject to the Specialist Benefit limit. 5. No benefit, for non-PMB treatment at a non-Keycare Network Hospital. 6. Subject to PMB's
15.	**Nurse Practitioners (except for care authorised to be provided under the Out-of-Network and Home-based care benefits)**	-		No benefit **except for PMB's**.
16.	**Dental Services** **In-Hospital or Specialised Dentistry**	-	No benefit Subject to PMB's	No benefit. Subject to PMB's
	Out-of-hospital Basic dentistry (fillings, extractions, and other basic procedures only)	Up to 100% of the LAHR	Unlimited	1. Subject to meeting the Scheme's treatment guidelines and managed criteria. 2. Subject to a list of procedures, only at a Keycare Network dentist.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
17.	**Prescribed Pharmaceuticals**			
	PMB Chronic sickness conditions and other PMB chronic conditions as per DTP pairs and Annexure G 	100% of cost	Unlimited	1. Subject to pre-authorisation. 2. Chosen DSP doctor to prescribe medicine in terms of formulary and clinical entry criteria at selected DSP. 3. If the beneficiary involuntarily does not use the Scheme's DSP courier pharmacy or the formulary medicine, a clinical appeals process will apply in line with regulation 15 (h) (c) and 15 (i) (c). 4. Refer to Annexure G for the co-payment applicable for the voluntary use of a non-DSP GP, Pharmacy or a non-formulary medicine. 5. Costs for completion of chronic application form covered from MMB.
	Diabetes Care or Cardio Care Disease Management Programmes	Up to 100% of the LAHR	Unlimited, subject to basket of care	Non-PMB GP-related services covered in a treatment basket, subject to referral by the Scheme's Network Provider and participation on the Chronic Illness Benefit. Paid from MMB.
	Programme to manage Cardio Metabolic Risk Syndrome	100% of LAHR		1. Subject to clinical entry criteria treatment guidelines, protocols, and preferred providers (where applicable) 2. Managed by Network GP, supported by Dieticians and health coaches.
	Blood glucose monitoring device	Up to 100% of the LAHR	Limited to 1 device per person per year	1. Subject to being registered for Diabetes on the Chronic Illness Benefit. 2. Paid from MMB, subject to PMB's. 3. Limited to the home monitoring device limit, of R4 700 per person per year
	Acute and non-PMB chronic sickness conditions	Up to 100% of the LAMR from DSP	Unlimited	Must be prescribed and supplied by the chosen DSP doctor. 1. Subject to the KeyCare acute medicine formulary and protocols
	TTO medicine as prescribed while in hospital.	100% of LAMR	R220 per admission	1. Payable from MMB if included in the Hospital account. 2. PMB TTO at cost.
18.	**Chronic Kidney Dialysis and organ transplants (includes authorised related medicines)**	Up to100% of LAHR 100% of cost for PMB's Up to 100%of LAMR	Unlimited	1. Co-payment of 20% if performed by a non-Network DSP. **Subject to PMB's and Annexure G.** 2. Subject to authorisation and/or approval and treatment meeting the Scheme's clinical criteria. 3. Medicine for Immuno suppressive therapy covered according to PMB formulary, subject to authorisation.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
19.	**Oncology including Chemotherapy and Radiotherapy (including stem cell transplants and Brachytherapy for Prostate cancer)**	100% of LAHR 100% of cost for PMB's at DSP	Unlimited, save as provided for elsewhere in these Rules	1. Paid from MMB if obtained from the Scheme's DSP provider(s), subject to PMB requirements and clinical protocols. If member voluntarily makes use of a non-DSP then a 20% co-payment will apply Locally sourced Stem Cell Transplant benefit subject to authorisation, clinical criteria and review. 2. Oncology medicine is subject to being obtained from a DSP pharmacy, and the medicine being on the Scheme's list of preferred medicine.
	Oncology-related Positron Emission Tomography (PET) Scans	Up to 100% of LAHR from MMB	Up to maximum of 4 scans per person per treatment cycle	Subject to authorisation and clinical criteria, co-payment of 20% at a non-DSP Network provider or non-Keycare hospital. Subject to peer-review by a designated panel of external specialists.
20.	**Radiology and Pathology**			
	• In Hospital	Up to 100% of the LAHR	Unlimited	1. Pathology services in hospital subject to Preferred Provider Network. 2. Where the service of a non-Preferred Provider is used, the claim will be paid directly to the member. 3. Point of care Pathology testing subject to the Scheme's treatment guidelines and managed care criteria.
	• Out of Hospital Selected basic x-rays obtained from the Network of radiographers	Up to 100% of the LAHR	Unlimited	Covered only if requested by a member's chosen DSP doctor. 1. Subject to a list of procedure codes and PMB.
	Selected basic blood tests	Up to 100% of the LAHR	Unlimited	Covered only if requested by a member's chosen DSP doctor. 1. Point of care Pathology testing subject to the Scheme's treatment guidelines and managed care criteria.
	MRI or CT scans • In Hospital	Up to 100% of the LAHR	Unlimited Limited to the Specialist limit of R5 550 per person per year if scan is not related to an authorised admission	Subject to authorisation and treatment meeting the Scheme's treatment guidelines and managed care criteria.
	• Out of hospital	Up to 100% of the LAHR	Subject to the Specialist limit of R5 550 per person per year	Covered only if performed by one of the Scheme's Network providers for non-PMB's. Requires referral by KeyCare Network GP. Co-payment of 20% for elective PMB's performed at a non-KeyCare provider.
	Scopes • In Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Up to 100% of the LAHR	Unlimited	PMB cover, and cover for children 12 years and under. Subject to preauthorisation and a defined list of Network facilities. Covered from the Major Medical Benefit.
	• Out of Hospital Endoscopic procedures, gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	Up to 100% of the LAHR	Unlimited	Subject to PMB's and pre-authorisation. Paid from MMB.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
21.	**Optometry** • In hospital Opthalmology	100% of LAHR	Unlimited at DSP	Paid from MMB if obtained from the Scheme's DSP provider(s), subject to PMB requirements and clinical criteria.
	• Out of hospital Lenses, frames, examinations, contact lenses	100% of LAHR	One pair of spectacles or contact lenses per person every two years from last date of service	Limited to one eye test and one pair of white mono- or bifocal lenses with basic frame, or one pair of contact lenses, at an Optometrist in the DSP Optometry Network.
22.	**Maternity** • In hospital Confinement	Up to 100% of LAHR from MMB	Unlimited	Subject to authorisation. In a Network hospital.
	• Out of hospital **Maternity Programme Cover during pregnancy** Antenatal consultations with the chosen GP, gynaecologist or midwife Prenatal screening or Non-Invasive Prenatal Testing (NIPT)		Limited to 8 consultations, subject to applicable limits 1 Nuchal translucency test or 1 non-invasive prenatal test (NIPT) or 1 T21 Chromosome test	Subject to registration on the Maternity Programme. 1. Services of KeyCare Network GP or Specialist must be used.
	Pregnancy scans		Limited to 2 X 2D Ultrasound scans	1. 3D or 4D Sans will be paid up to the maximum cost of a 2D scan.
	A defined routine basket of pregnancy-related blood tests		Limited to the defined basket of tests	
	Antenatal classes and / or postnatal visits with a registered nurse		Limited to 5 pre- or post-natal visits	
	Pre- or post-natal mental health consultation with a chosen GP, psychologist or counsellor		Limited to 2 consultations	
	Cover for the newborn baby for 2 years after the birth Visits to GP or Gynaecologist or ENT	Up to 100%of LAHR	Limited to 2 visits	1. Services of KeyCare Network GP or Specialist must be used.
	Cover for the mother of the newborn baby for 2 years after the birth GP or Gyneacologist consultation	Up to 100% of LAHR	Limited to 1 consultation	
	Nutritional assessment at a dietitian		Limited to 1 assessment	
	Lactation consultation with a registered nurse or lactation specialist		Limited to 1 consultation	
23.	**Ambulance Services**	100% of the cost up to the LAHR	Unlimited	Subject to authorisation from the DSP for ambulance services and inter-hospital transfers.
24.	**Prostheses** Internal	Up to 100% of the LAHR	Unlimited	Covered from MMB. Subject to authorisation.



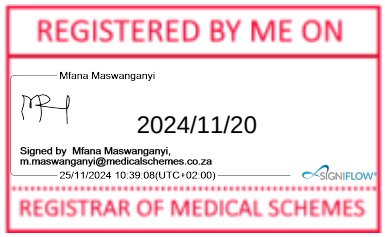
	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
25.	**Advanced Illness Benefit** Out-of-hospital palliative care for members with life limiting conditions, including cancer, subject to PMB.	100% of cost up to LAHR	Unlimited	Subject to authorisation and the treatment meeting the Scheme's guidelines and managed care criteria. Paid from MMB.
26.	**Medical Equipment Benefit Mobility Devices** Wheelchairs, long leg calipers, crutches, etc.	Up to 100% of the LAHR	R6 050 per family per year	Subject to authorisation: 1. Payable from MMB only if requested by the member's chosen KeyCare Network GP. 2. Covered in full up to the limit, only if obtained at DSP. If DSP is not used, a 20% co-payment will apply. 3. This benefit will be pro-rated if the member joins during the year.
	Oxygen rental	100% of cost up to LAHR	Unlimited	1. Covered in full only if obtained at DSP. If DSP is not used, then a 20% co-payment will apply.
27.	**Auxiliary Services** Audiology, Occupational or Speech Therapy, Chiropody/Podiatry Dietetics, Homeopathy, Naturopathy, Chiropractics, Acupuncture and any other registered Auxiliary service	-	No Benefit, Subject to PMB's	No Benefit, Subject to PMB's
28.	**Screening Tests** **A. Group of screening tests at a Pharmacy** 1. Blood Glucose Test 2. Blood Pressure Test 3. Cholesterol Test 4. Body Mass Index (BMI)	Up to 100% of the LAMR	Paid once per beneficiary per year for one or all of the 4 listed screening tests	1. Payable from MMB only if services were obtained in the Scheme's contracted network of pharmacies.
	B. Screening tests for children between ages 2 and 18 years of age: 1. Body Mass Index (BMI) and counselling where appropriate 2. Hearing screening 3. Dental screening 4. Milestone tracking for children under the age of 8	Up to 100% of the LAHR	Paid once per beneficiary per year for one or all of the 4 listed screening tests	1. Paid from MMB only if services were obtained from the Scheme's DSP.
	C. Seniors screening benefit Group of age-appropriate screening tests for persons 65 years and older	Up to 100% of the LAHR	Unlimited	1. Subject to meeting the Scheme's clinical entry criteria and the services being obtained at a network provider. Paid from MMB..
	D. Other screening tests HIV, Breast Cancer (Mammogram), Cervical Cancer (Pap Smear) and Prostrate-Specific Antigen (PSA)	Up to 100% of the LAHR	1 Mammogram every 2 years 1 Pap smear every 3 years 1 PSA test person/year	1. Subject to meeting the Scheme's clinical criteria. 2. Consultation paid from available day-to-day benefits or member's own pocket when benefits are exhausted. PMB paid from MMB. 3. Subject to PMB's
	Colorectal cancer screenings for persons aged 45 to 75 years		1 Faecal occult blood test or immunochemical test every 2 years per person	
	Additional cover for Mammogram, Breast MRI, BRCA or repeat Pap Smear or one Colonoscopy (for persons identified by the colorectal screening to be at risk	Up to 100% of LAHR	Unlimited, but once off BRCA testing allowed One colonoscopy per person	Subject to meeting the Scheme's clinical criteria. Consultation paid from available day-to-day benefits or members own pocket when benefits are exhausted.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
	Screening Tests			
	E. Additional comprehensive screening assessment For at risk persons	Up to 100% of the LAHR	One consultation per beneficiary per year at	1. Paid from MMB. 2. Subject to meeting the Scheme's clinical entry criteria and treatment guidelines. 3. Services must be provided by an accredited Network GP
	F. Defined Diabetes and Cholesterol screening tests	Up to 100% of the LAHR		1. Applies for specific test codes only. 2. Subject to the Scheme's clinical entry criteria, treatment guidelines and protocols.
29.	**Preventative Care** Flu vaccination	Up to 100% of the LAHR	1 flu vaccination per beneficiary per year	1. Subject to meeting the Scheme's clinical criteria. 2. Seasonal flu vaccines in excess of the annual limit payable by the member. 3. Consultation and other services to administer the vaccine paid from MMB.
	Pneumococcal vaccination	Up to 100% of the LAMR	Up to two vaccine doses per person per lifetime	1. Paid from MMB. 2. Subject to protocols and clinical criteria. 3. Vaccines in excess of the limit, consultation and other healthcare services to administer the vaccine, paid by the member.
30.	**WHO Outbreak Benefit** Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks: 1. COVID-19 2. Monkeypox	100% of cost up to the LAHR, subject to PMB	Limited to a basket of care as set by the Scheme per condition	1. In addition to the cover set out in **Annexure G** of these Rules. 2. Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable. 3. Subject to the condition and treatment meeting certain clinical criteria and protocols.

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/REMARKS
31.	**Trauma Recovery Benefit** For the patient suffering the trauma: Benefits are over and above any that may be granted under DTPMB Day-to-day cover for medical expenses related to a traumatic incident of an acute *nature* that resulted in a loss of functionality, leaving the beneficiary with a *standard level of residual inability after* discharge from hospital or rehabilitation facilities. Allied, Therapeutic and Psychological healthcare services (acousticians, biokineticists, chiropractors, counsellors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrists, social workers, speech and hearing therapists) Prescribed Medicine External Medical Appliances Prosthetic Limbs (with no further access to the External Medical Appliances Limit) Hearing Aids Counselling sessions with a psychologist or social worker	 Up to 100% of the LAHR or LAMR Up to 100% of the LAHR	 M = R9 750 M+1 = R14,700 M+2 = R18,300 M3+ = R22 000 M = R19,000 M+1 = R22,500 M+2 = R26,700 M3+ = R32,500 R30,500 R103,800 R17 850 Limited to 6 sessions per person	Paid in respect of the affected beneficiary following the traumatic onset of, or due to: i. Paraplegia; Hemiplegia; Quadriplegia and Tetraplegia. ii. conditions resulting from the following traumatic incidents: Near-drowning; Severe anaphylactic reaction; Poisoning and Crime-related injuries. iii. severe burns. iv. an internal or external head injury v. loss of limb, or part thereof. Subject to authorisation and the treatment meeting the Scheme's clinical criteria 1. Excludes OTC Medicines (inclusive of Schedule 0,1 and 2 drugs whether prescribed or not, optometry, antenatal classes and dentistry (other than severe maxillio facial dental and oral procedures). 2. Cover applies to 31 December of the year after the trauma occurred. 3. Cover is not restricted to the Scheme's DSPs 1. Paid in respect of each of the beneficiaries registered on the affected membership to the end of the year after the year in which the trauma occurred
32.	**Wellth Fund**	Up to 100% of LAHR	Once off benefit per beneficiary's membership of the Scheme	Refer to Annexure I of these Rules.

LEGEND:

DSP = Designated Service Provider
LAHR = LA Health Rate
LAMR = LA Medicine Rate
MMB = Major Medical Benefit
PMB = Prescribed Minimum Benefits



LIMITATION AND EXCLUSION OF BENEFITS

With due regard to the Prescribed Minimum Benefits, the exclusions listed in Annexure C of the Main Body to these Rules will automatically apply to the LA KeyPlus Option. In addition, the following exclusions will apply to these plans:

1. All cosmetic treatment including, but not limited to, septoplasties, osteotomies, and nasal tip surgery
2. Benign breast disease
3. All costs relating to cochlear implants, processors, and hearing aids
4. All costs relating to auditory brain implants
5. All costs relating to internal nerve stimulators
6. All costs relating to joint replacements
7. Back surgery
8. Neck surgery
9. Knee and shoulder surgery
10. In-hospital management of:
    - Conservative back treatment
    - Conservative neck treatment
    - Dentistry (services of surgical procedures which involve the hard or soft tissues of the mouth)
    - Skin disorders (non- life-threatening) including benign growths and lipomas
    - Nail disorders
    - Investigations and diagnostic work-up
    - Endoscopic procedures
    - Functional nasal problems and functional sinus problems
11. Surgery for oesophaegeal reflux and hiatus hernia repairs
12. Removal of Varicose Veins
13. Correction of Hallux Valgus/Bunion and Tailor's Bunion/Bunionette
14. Surgery and other healthcare services to correct refractive errors of the eye
15. Elective Caesarean Section except in cases where it is medically necessary

The Scheme will also not cover any healthcare expenses related directly or indirectly to these healthcare services.

Nothing contained in this Annexure will be construed to exclude the application of the general exclusions set out in Annexure C.

CHRONIC DISEASE LIST: CDL (AS PER REGULATIONS UNDER THE MEDICAL SCHEMES ACT)

Addison's Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic Obstructive Pulmonary Disease	Hypothyroidism
Chronic Renal Disease	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
Crohn's Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Types 1 & 2	Systemic Lupus Erythematosus
Dysrhythmias	Ulcerative Colitis