

COVER FOR PRESCRIBED MINIMUM BENEFITS

Type	Designated Service Provider (“DSP”)	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
Chronic Disease List (“CDL”) – Out-of-Hospital Consultations	<p>Specialists</p> <p>LA KeyPlus Any specialist in a KeyCare Specialist Network except where there is no KeyCare Specialist, in which case any Specialist practicing in a KeyCare Network Hospital who has agreed to charge the Premier Rate.</p> <p>All other Options Any specialist participating in the KeyCare Specialist network and/or all Specialists who have agreed to charge the Premier Rate.</p>	<p>Paid in full.</p> <p>Paid in full.</p>	<p>Up to a maximum of the LAHR.</p> <p>Any co-payment, which the member is liable for, is equal to any amount the provider charges above the LAHR</p> <p>Up to a maximum of the LAHR.</p> <p>Any co-payment, which the member is liable for, is equal to any amount the provider charges above the LAHR</p>
	<p>GPs</p> <p>LA KeyPlus The member’s chosen GP participating in the KeyCare Primary Network.</p> <p>All other Options All GP’s participating in the Discovery Health GP Network and/or the member’s nominated Premier Plus GP, who has contracted with the Scheme.</p>	<p>The Scheme shall pay the costs of PMB in full for involuntary use of non-DSP and up to the agreed rate for the services obtained from a DSP</p> <p>The Scheme shall pay the costs of PMB in full for involuntary use of non-DSP and up to the agreed rate for the services obtained from a DSP</p>	<p>Up to a maximum of the LAHR.</p> <p>Any co-payment, which the member is liable for, is equal to any amount the provider charges above the LAHR</p> <p>Up to a maximum of the LAHR.</p> <p>Any co-payment, which the member is liable for, is equal to any amount the provider charges above the LAHR</p>

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SIGNATURE

Type	<i>Designated Service Provider (“DSP”)</i>	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
CDL – Diagnosis	<p><u>Specialists</u></p> <p><u>LA KeyPlus</u> Any specialist participating in a KeyCare Specialist Network except where there is no KeyCare Specialist, in which case any Specialist practicing in a KeyCare Network Hospital who has agreed to charge the Premier Rate.</p> <p><u>All other Options</u> Any Specialist participating in the KeyCare Specialist network and/or all Specialists who have agreed to charge the Premier Rate.</p> <p><u>GPs</u></p> <p><u>LA KeyPlus</u> The member’s chosen GP participating in the KeyCare Primary network.</p> <p>Includes services rendered for: Diabetes, HIV, Cardio and Mental Health care</p> <p><u>All other Options</u> All GP’s participating in the Discovery Health GP Network.</p> <p>Diabetes, HIV, Cardio and Mental Health: The member’s nominated Premier Plus GP who has contracted with the Scheme</p>	<p>The Scheme shall pay healthcare treatment in full, subject to Scheme’s diagnostic basket and the member making application to the Scheme.</p> <p>The Scheme shall pay health care treatment in full, subject to Scheme’s diagnostic basket and the member making application to the Scheme</p> <p>The Scheme shall pay health care treatment in full, subject to Scheme’s diagnostic basket and the member making application to the Scheme</p> <p>The Scheme shall pay health care treatment in full, subject to Scheme’s diagnostic basket and the member making application to the Scheme</p>	<p>The Scheme shall pay healthcare treatment up to a maximum of the LAHR, subject to Scheme’s diagnostic basket and the member making application to the Scheme.</p> <p>The Scheme shall pay healthcare treatment up to a maximum of the LAHR, subject to Scheme’s diagnostic basket and the member making application to the Scheme</p> <p>The Scheme shall pay healthcare treatment up to a maximum of the LAHR, subject to Scheme’s diagnostic basket and the member making application to the Scheme</p> <p>The Scheme shall pay healthcare treatment up to a maximum of the LAHR, subject to Scheme’s diagnostic basket and the member making application to the Scheme</p>

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ASSOCIATION OF MEDICAL SCHEMES

Type	Designated Service Provider (“DSP”)	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
CDL – Medicine	<p>GPs</p> <p><u>LA KeyPlus</u> The Designated Service Provider is defined as listed, contracted pharmacies or the member’s chosen GP participating in the KeyCare Primary Care Network</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the lowest cost formulary listed drug (the chronic drug amount). Subject to Regulations 15 H (c) and 15I (c).	The Scheme will pay the maximum of the lowest cost formulary listed drug (the chronic drug amount) as specified per Option. Subject to Regulations 15 H (c) and 15 I (c).
	<p><u>All other Options</u></p> <p>Any dispensing provider or the Designated Service Provider contracted pharmacies</p>	For drugs on the Scheme’s formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay to the maximum of the lowest cost formulary listed drug (the chronic drug amount) Subject to Regulations 15 H (c) and 15 I (c).	The Scheme will pay the maximum of the lowest cost formulary listed drug (chronic drug amount) as specified per Option. Subject to Regulations 15 H (c) and 15I (c).
CDL – Pathology	<p><u>All options</u></p> <p>A defined list of providers that has contracted with the Scheme.</p>	Paid in full.	Up to a maximum of the LAHR
CDL - Radiology	<p><u>LA KeyPlus</u></p> <p>A defined list of providers that has contracted with the Scheme</p>	Paid in full.	Up to a maximum of the LAHR
	<p><u>All other Options</u></p> <p>Any provider charging the LA Health Rate</p>	Paid in full.	Up to a maximum of the LAHR
Diagnostic Treatment PMB (“DTPMB”) – Out-of-Hospital Consultations	<p><u>Specialists</u></p> <p><u>LA KeyPlus</u> Any specialist participating in a KeyCare Specialist Network, except where there is no KeyCare specialist in which case any specialist practicing in a KeyCare Network hospital who has agreed to charge the Premier Rate. Subject to regulation 8 (3) (a) (b).</p>	Paid in full.	Up to a maximum of the LAHR.

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Type	Designated Service Provider (“DSP”)	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
Diagnostic Treatment PMB (“DTPMB”) – Out-of-Hospital Consultations	All other Options Any Specialist participating in the KeyCare Specialist network and / or Specialists who have agreed to charge the Premier Rate. Subject to regulation 8 (3) (a) (b).	Paid in full.	Up to a maximum of the LAHR.
	GPs LA KeyPlus The member’s chosen GP participating in the KeyCare Primary Care Network.	Paid in full.	Up to a maximum of the LAHR.
	All other Options Any GP participating in the Discovery Health GP Network	Paid in full.	Up to a maximum of the LAHR.
DTPMB – Diagnosis	All options Any provider that has contracted with the Scheme in respect of member’s chosen benefit option and where it is appropriate for such diagnosis to be made by the provider	The Scheme shall pay the healthcare treatment in full, subject to the Scheme’s diagnostic basket. This is subject to the member making application to the Scheme.	Health care treatment paid to a maximum of the LAHR subject to the Scheme’s diagnostic basket and the member making application to the Scheme. Any co-payment, which the member is liable for will be equal to the difference between the amount charged and the LAHR.
DTPMB – In-Hospital Consultations	Specialists LA KeyPlus Any specialist participating in a KeyCare Specialist Network, except where there is no KeyCare Specialist, in which case any Specialist participating in a KeyCare Network Hospital who has agreed to charge the Premier Rate. Subject to Regulation 8(3)(a) and (b).	Paid in full.	Up to a maximum of the LAHR.
	All other Options Any Specialist participating in the KeyCare Specialist Network and /or all Specialists who has agreed to charge the Premier Rate. Subject to Regulation 8 (3) (a) (b).	Paid in full.	Up to a maximum of the LAHR.

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Type	<i>Designated Service Provider (“DSP”)</i>	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
DTPMB – Pathology	All options Any LA Health-contracted provider.	Paid in full.	The Scheme will pay up to the maximum of the LAHR.
DTPMB Radiology	LA KeyPlus A defined list of providers that has contracted with the Scheme All other Options Any provider charging the LAHR	Paid in full Paid in full	The Scheme will pay up to the maximum of the LAHR. The Scheme will pay up to the maximum of the LAHR
DTPMB – Hospital Admissions	All options Any KeyCare Network hospital. Subject to Regulation 8 (3) (a) (b)	Paid in full.	The Scheme will pay up to the maximum of the LAHR A co-payment equal to the difference between the fees that would have been charged by the DSP and that which were actually charged, will be payable by the member.
DTPMB – Mental Illness	All options Drug and Alcohol abuse facilities. Any facility or provider contracted with the Scheme. All other conditions: Any provider contracted with the Scheme and / or a defined list of hospitals with a psychiatric ward that is contracted with the Scheme. Subject to the condition meeting clinical entry criteria and the Scheme’s baskets of care.	Up to a maximum of 21 days paid in full. Equivalent of up to a maximum of 21 days in-hospital, or 12 or 15 out-of-hospital consultations, for conditions as defined in Annexure A of the Regulations. Paid in full.	Up to a maximum of 21 days subject to a maximum of the lowest contracted rate payable by the Scheme. A co-payment equal to the difference between the fees that would have been charged by the lowest rate at a contracted DSP, and what was actually charged will be payable by the member.

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Type	Designated Service Provider ("DSP")	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
DTPMB – Terminal Care	All options Hospice and any other compassionate care facility	100% of cost.	A co-payment equal to the difference between the fees that would have been charged by the Hospice and what was actually charged will be payable by the member.
Oncology (out-of-hospital treatment)	Specialists LA KeyPlus The DSP is a defined list of Oncology providers contracted with the Scheme and/or the State.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
	All other options Any Oncologist who has agreed to charge the Premier rate.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
	GPs LA KeyPlus The DSP is a defined list of Oncology providers contracted with the Scheme	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
	All other Options Any Discovery Network GP who is a SAOC member.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
Oncology - Chemotherapy	LA KeyPlus The DSP is a defined list of Oncology providers contracted with the Scheme.	Paid in full	The Scheme will pay up to the maximum of the LAHR.
	All other Options A defined list of contracted pharmacies and/or providers	Paid in full	The Scheme will pay up to the maximum of the LAHR.
Oncology – Pathology and Radiology	All options Any provider that has contracted with the Scheme	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
HIV out-of-hospital consultations	Specialists LA KeyPlus Option Any Specialist participating in a KeyCare Specialist Network except where there is no KeyCare specialist, in which case any specialist practicing in a KeyCare Network Hospital who has agreed to charge the Premier Rate.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.

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Type	Designated Service Provider ("DSP")	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
HIV out-of-hospital consultations	Specialists All other options Any Specialist participating in the KeyCare Specialist Network and / or all Specialists who have agreed to charge the Premier Rate.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
	GP's LA KeyPlus The member's chosen KeyCare Primary Care Network GP participating in the in the Premier Plus GP Network.	100% of cost.	The Scheme will pay up to the maximum of the LAHR
	All other options Any Premier Plus GP participating in the Discovery Health GP Network	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
HIV – Pathology	All options A defined list of providers that has contracted with the Scheme.	100% of cost	The Scheme will pay up to the maximum of the LAHR.
HIV – Radiology	LA KeyPlus A defined list of providers that has contracted with the Scheme.	100% of cost	The Scheme will pay up to the maximum of the LAHR.
	All other Options Any provider charging the LAHR.	100% of cost	The Scheme will pay up to the maximum of the LAHR.
HIV - Medicine	LA KeyPlus The DSP is defined as listed contracted pharmacies or the member's chosen dispensing GP participating in the KeyCare Primary Network of GPs	For drugs on the Scheme's formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay up to the maximum of lowest cost formulary drug listed. This is subject to Regulations 15 (H) (c) and 15 (I) (c).	A co-payment equal to the difference between the cost that would have been charged by the DSP and what was actually charged will be payable by the member.
	All other Options The DSP is a defined list of contracted pharmacies and/or providers	For drugs on the Scheme's formulary, the Scheme will pay in full. If the drug is not listed on the formulary, the Scheme will pay up to the maximum of the chronic drug amount as specified per Option and subject to the LAMR. This is subject to Regulations 15 (H) (c) and 15 (I) (c).	A co-payment equal to the difference between the cost that would have been charged by the DSP and what was actually charged will be payable by the member.



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Type	Designated Service Provider (“DSP”)	Reimbursement rate if the beneficiary uses the DSP or involuntarily uses a non-DSP	Reimbursement rate if the beneficiary voluntarily does not use the DSP
HIV - VCT	All options Any vendor that has contracted with the Scheme.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.
Renal – specifically as regard to chronic renal dialysis, pathology and drugs	All options Any provider contracted with the Scheme in respect of chronic renal dialysis and/or the State.	100% of cost.	The Scheme will pay up to the maximum of the LAHR.

Notes:

1. “SAOC” means the South African Oncology Consortium Limited.
2. In accordance with what is stated in paragraph (D) of Annexure E of the main body of these Rules, the beneficiary must authorise all voluntary DTPMB hospital admissions, which admissions include but are not limited to Mental Illness admissions, HIV and Oncology admissions, within 48 hours of the required elective procedure / treatment. Failure to so authorise will result in a co-payment of 30% with a maximum of R1000 as stated in Clause 3(c) of Annexure B of these Rules.
3. For the approved PMB condition, all ICD-10 codes and procedure codes must accord with the Scheme’s baskets of care.
4. The Chronic Disease List includes HIV/AIDS.
5. Where claims are paid in full up to a maximum of the contracted rate, beneficiaries will not be required to make any payments not reimbursable by the Scheme.



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