



**20
25** Plan
Comparison

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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 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 medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions

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

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

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).		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 You will be responsible for the difference between what we pay and the actual cost of your treatment		
	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	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
EDB	Extended Day-to-day Benefit	Not offered on these benefit options		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	
ATB	Above Threshold Benefit	Not offered on these benefit options		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		
ALTERNATIVES DFALTERNATIVES	Out of hospital surgical and other procedures	Not offered on this benefit option	Surgical procedures performed in doctor's rooms and laser		tonsillectomy, 24 hour oesophageal pH studies and oesophageal motility studies paid up to the LA Health Rate. Subject to preauthorisation	
	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		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 for certain conditions		
	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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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	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													
	Oncology Precision or Innovation Benefit	Not available on this Option	Precision Benefit: Cover for a defined list of innovative cancer	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												
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			and authorisation											
DENTISTRY	Dentistry in hospital	Not covered on this benefit option	SPECIALISED DENTISTRY IN HOSPITAL Hospital accounts paid up to the LA Health Rate, subject to the applicable deductible for IN-HOSPITAL SPECIALISED OR BASIC DENTISTRY . Balance of Hospital/Day Clinic account (after deductible) paid from MMB.														
			<table border="1"> <tr> <td rowspan="2">Hospital</td> <td>Younger than 13 years</td> <td>R2 620</td> </tr> <tr> <td>Older than 13 years</td> <td>R6 620</td> </tr> <tr> <td rowspan="2">Day Clinics</td> <td>Younger than 13 years</td> <td>R1 280</td> </tr> <tr> <td>Older than 13 years</td> <td>R4 340</td> </tr> </table>		Hospital	Younger than 13 years	R2 620	Older than 13 years	R6 620	Day Clinics	Younger than 13 years	R1 280	Older than 13 years	R4 340	<table border="1"> <tr> <td rowspan="2">Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R29 260 per person per year</td> <td colspan="2">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</td> </tr> </table>		Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R29 260 per person per year
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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																
	Dentistry out of hospital	Specialised dentistry not covered on this Option	RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL Paid from MSA														
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			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												
		Basic Dentistry: no overall limit, subject to a list of procedures from a dentist in the KeyCare Network	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		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										

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DENTISTRY	Dental Trauma Benefit	Not available on this benefit option	<p>In-Hospital Paid from the Major Medical Benefit. Subject to</p> <table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R2 620</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R6 620</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R1 280</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R4 340</td> </tr> </table>	Hospital	Younger than 13 years	R2 620		Older than 13 years	R6 620	Day Clinics	Younger than 13 years	R1 280		Older than 13 years	R4 340	pre-authorization, clinical entry criteria, treatment guidelines and protocols. Members will have to make an upfront payment (deductible) to the hospital or Day Clinic		
			Hospital	Younger than 13 years	R2 620													
	Older than 13 years	R6 620																
Day Clinics	Younger than 13 years	R1 280																
	Older than 13 years	R4 340																
			<p>In- and Out-of-Hospital Dentist and related accounts paid from the Major Medical Benefit, up to 100% of the Scheme Rate</p> <p>Dental appliances and prostheses All dental appliances and 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 treatment in- or out-of-hospital</p>															
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 preauthorization, 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 healthcare needs. Paid from Major Medical Benefit. Subject to a basket of care, authorisation, clinical criteria and guidelines																
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	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 the MSA			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												
	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 co-payment of R950 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	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												

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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 		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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 			
		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.				Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols			
HOSPITAL AND DAY SURGERY COVER <i>Subject to preauthorisation and clinical entry criteria</i>	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 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		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				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			
	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				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			
	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				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			
	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				In-Hospital and other related treatment			
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						on the Chronic Illness Benefit.			
	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						services covered in a treatment basket, subject to registration by the DSP Network GP and the beneficiary having undergone the adult Screening Tests			
	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									

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REPRODUCTIVE HEALTH	Assisted reproductive therapy	Not covered on these benefit options			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																		
	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 		AFTER YOU GIVE BIRTH <ul style="list-style-type: none"> 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																		
	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			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)																		
	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	network pharmacy. Medicines not on our list paid up to 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	Medicine for Additional Disease List conditions limited to																	
	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	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		<table border="1"> <tr> <td>M</td> <td>R14 210</td> <td>M+</td> <td>R28 205</td> </tr> </table>	M	R14 210	M+	R28 205	<table border="1"> <tr> <td>M</td> <td>R6 945</td> <td>M1</td> <td>R13 985</td> <td>M2</td> <td>R16 185</td> </tr> <tr> <td>M3</td> <td>R18 410</td> <td>M4</td> <td>R19 935</td> <td>M5+</td> <td>R21 920</td> </tr> </table>	M	R6 945	M1	R13 985	M2	R16 185	M3	R18 410	M4	R19 935	M5+	R21 920
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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	Paid from MSA/EDB up to 100% of the cost. Limited to R2 500 for a single member and R4 500 for a family		<table border="1"> <tr> <td>M</td> <td>R13 005</td> <td>M1</td> <td>R16 635</td> <td>M2</td> <td>R20 055</td> </tr> <tr> <td>M3</td> <td>R23 125</td> <td>M4+</td> <td>R26 315</td> <td></td> <td></td> </tr> </table>	M	R13 005	M1	R16 635	M2	R20 055	M3	R23 125	M4+	R26 315								
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Specialised Medicine and Technology Benefit	Not covered on these benefit options				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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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		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	
	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		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	
	Out of hospital, non-PMB mental health benefits	Paid from the applicable benefits, subject to the use of the Network DSP providers' services Psychiatrists paid subject to the Specialist limit of R5,550 as per Daleen document	Paid from MSA	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
OPTICAL	Optical	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	Paid from the Medical Savings Account	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
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	authorisation and clinical criteria. Stem cells must be locally sourced	



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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	Limited to funds in the Medical Savings Account or Above Threshold Benefit		
	Nurse practitioners	Not covered on this Option, except for PMB	Limited to funds in Medical Savings Account	Paid up to a limit of R14 580 per family from Medical Savings Account or Above Threshold Benefit		
	Unani-Tibb therapy	Not covered on this Option	Limited to funds in Medical Savings Account	Limited to funds in the Medical Savings Account with no accumulation to the Threshold		
SCREENING AND PREVENTION	Screening benefits for adults and children	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 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		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		
	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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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	IN HOSPITAL Basic pathology paid up to the LA Health Rate, subject to the use of	the services of the Scheme's Designated Service Provider.			
	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	OUT OF HOSPITAL Paid from MSA	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 MMB. Related accounts paid from and limited to funds in MSA	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		
	MRI and CT Scans and ultrasounds	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 Out of hospital scans paid from the Specialist Benefit limit of R5 550, if referred by KeyCare GP	OUT OF HOSPITAL Paid from MMB. Unlimited, subject to preauthorisation. Related accounts	paid from available day-to-day benefits as per the specific benefit option.			
			In hospital scans: Unlimited, paid up to 100% of the LA Health Rate	OUT OF HOSPITAL The first R3 680 of the scan paid from the MSA. The remainder of the	account is paid from Major Medical Benefit.		OUT OF HOSPITAL Unlimited up to the LA Health Rate
Radiology, including X-rays	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 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 Requests from specialists covered up to the R5 550 specialist limit	In hospital: Paid from MMB, subject to authorisation					
		Paid from MSA	Paid from MSA/EDB		Paid from MSA/ATB		
PROSTHESES	Internal prostheses Unlimited and paid up to the LA Health Rate, subject to clinical criteria 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	Cochlear implants, implantable defibrillators, internal nerve stimulators Spinal devices/prostheses: Unlimited if obtained from Designated 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 Internal prostheses not mentioned elsewhere in this brochure: Paid up	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				
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 LA Health Rate. Other renal care-related treatment and educational care not covered on this Option	Acute and chronic dialysis unlimited paid at cost for PMB treatment		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	LA ACTIVE	LA CORE	LA COMPREHENSIVE
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	IN HOSPITAL Paid up to the agreed rate for services provided by the DSP specialists Out of hospital paid from MSA 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 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	maximum of 75% of the cost of the consultation. Subject to preauthorisation	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
		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		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.		
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		treatment meeting certain clinical criteria and guidelines.		
WELLTH FUND	WELLTH Fund	Primary healthcare screening services for visual, hearing, dental and skin conditions; Physical well-being screening at a dietitian, biokineticist monitoring devices 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 Subject to completion of basic screening tests. Subject to the use of Network providers (where applicable), clinical entry criteria, treatment Available to all LA Comprehensive, LA Core, LA Active and LA Focus members, who were members of the Scheme on 1 January 2024, have		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.		

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					subsidy level, taking into account the maximum subsidy value paid by the employer				
	Income	Member	Adult	Child	Maximum for 3 child dependants	Member	Adult	Child	Maximum for 3 child dependants	
LA KEYPLUS	R0 – R11 600	R1 500	R1 310	R548	R1 644	R 3 133	R2 023	R 919	R2 757	
	R11 601 – R16 200	R1 581	R1 383	R577	R1 731	R 3 833	R2 578	R1 271	R3 813	
	R16 201+	R2 381	R2 119	R889	R2 667	R 7 621	R6 879	R2 277	R6 831	
						R10 214	R7 798	R2 476	R7 428	

LA FOCUS
LA ACTIVE
LA CORE
LA COMPREHENSIVE



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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