






LA Health Option Comparison 2009

An overview of the LA Health Benefit Options and what they offer, to help you to decide what would suit your needs best. Please note: for ease of reference, we have listed the different benefit categories in alphabetical order in the table below.

	 KeyPlus	 Focus	 Active	 Core	 Comprehensive
Option description	This Option provides hospital cover, chronic medicine benefits and day-to-day medical expense benefits. It has a designated service provider (DSP) for in-hospital and out-of-hospital benefits which is the KeyCare Primary Care network. If a KeyCare hospital is not used for all non-emergency PMB procedures, no benefit will be payable	This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses and provides Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) cover. It also pays for day-to-day expenses from a Medical Savings Account (MSA). This Option provides cover specifically for members in the Coastal areas (a co-payment applies for non-PMB care in hospitals that are not in Coastal Provinces)	This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses and provides Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) cover. It also pays for day-to-day expenses from a Medical Savings Account (MSA). Further cover for specific disciplines is provided via the Insured Procedures Benefit (IPB)	This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) as well as for several Additional Chronic conditions. It pays for day-to-day expenses from a Medical Savings Account (MSA), with further cover for specific disciplines via the Insured Procedures Benefit (IPB)	This Option has a Major Medical Benefit (MMB) for all in-hospital and large expenses. It provides cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) as well as for several Additional Chronic conditions. It pays for day-to-day expenses from a Medical Savings Account (MSA), with further unlimited cover via the Above Threshold Benefit (ATB), for specific disciplines.
Overall limits					
Above Threshold Benefit (ATB)	Not applicable	Not applicable	Not applicable	Not applicable	Member R7 200 Spouse/adult R4 890 Child R2 200
Hospital	Unlimited at all KeyCare Primary Care network hospitals	Unlimited in hospitals in coastal provinces only	Unlimited	Unlimited	Unlimited
Insured Procedures Benefit (IPB)	Not applicable	Not applicable	Member R2 400 Spouse/adult R1 680 Child R 480	Member R3 180 Spouse/adult R2 220 Child R 840	Not applicable
Medical Savings Account (MSA)	Not applicable	Member R3 360 Spouse/adult R2 160 Child R 972	Member R3 120 Spouse/adult R2 280 Child R1 320	Member R3 840 Spouse/adult R3 360 Child R1 560	Member R5 160 Spouse/adult R3 000 Child R1 320
Ambulance services					
Provided by International SOS, subject to preauthorisation	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB
Blood transfusions and blood products					
Blood transfusions and blood products, subject to preauthorisation	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB
Dentistry					
Maxillo-facial procedures: certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, Cleft lip and palate repairs, subject to preauthorisation	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB	Unlimited from MMB
Specialised dentistry in-hospital	No benefit	First R1 500 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall amount of R12 200 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA	First R1 500 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R12 200 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA/IPB	First R1 500 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R16 100 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA/IPB	First R1 500 of hospital account is paid from MSA. Remainder of hospital account paid from MMB, subject to a joint overall limit of R16 100 per beneficiary for specialised and basic dentistry. All related, non-hospital accounts paid from and limited to funds in the MSA/ATB
Basic dentistry out-of-hospital	Covered with no overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network	Paid from and limited to funds in MSA, subject to the joint overall amount of R12 200 per beneficiary	First R2 000 per family per year paid from MMB. Thereafter paid from MSA/IPB, subject to joint overall amount of R12 200 per beneficiary	Paid from and limited to funds in MSA/IPB, subject to the joint overall amount of R16 100 per beneficiary	Paid from and limited to funds in MSA/ATB, subject to the joint overall amount of R16 100 per beneficiary
Dialysis					
Acute and chronic dialysis	Chronic dialysis only covered in a state hospital	Unlimited, subject to approval of treatment plan	Unlimited, subject to approval of treatment plan	Unlimited, subject to approval of treatment plan	Unlimited, subject to approval of treatment plan
GPs and specialists					
In-hospital	Unlimited, in a network hospital. Specialists must be working in a KeyCare hospital	Unlimited	Unlimited	Unlimited	Unlimited
Out-of-hospital GP visits	Covered with no overall benefit limit, only at the member's chosen GP working in the KeyCare network	Paid from MSA	Paid from MSA/IPB	Paid from MSA/IPB	Paid from MSA/ATB
Out-of-hospital specialists visits	Limited to R1 800 per person, only if referred by the chosen KeyCare GP (including radiology and pathology done in KeyCare network)	Paid from MSA	Paid from MSA/IPB	Paid from MSA/IPB	Paid from MSA/ATB
Out-of-network benefit	One out-of-network GP visit per person per year, selected blood tests, x-rays and acute medicine (subject to a formulary) requested by the non-network GP	Not applicable	Not applicable	Not applicable	Not applicable
HIV or AIDS					
HIV prophylaxis (rape and mother-to-child transmission)	Paid from MMB. Unlimited	Paid from MMB. Unlimited	Paid from MMB. Unlimited	Paid from MMB. Unlimited	Paid from MMB. Unlimited
HIV and AIDS-related illnesses	Unlimited if registered on the HIVCare Programme. Limited to R12 000 if not registered on the HIVCare Programme	Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme	Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme	Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme	Unlimited if registered on the HIVCare Programme. Limited to R35 000 if not registered on the HIVCare Programme
Hospitals					
Hospitalisation, theatre fees, intensive and high care unit costs					
Provincial and state hospitals, subject to preauthorisation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Private hospitals, subject to preauthorisation	Unlimited and paid from MMB for treatment authorised in a KeyCare Network hospital. No benefit outside of the Network for planned admissions	Unlimited	Unlimited	Unlimited	Unlimited
Casualty/outpatient benefit	First R185 paid by member. Balance of casualty account paid from MMB if provided at a KeyCare hospital	Paid from normal GP, pathology, radiology and medicine benefits as described elsewhere in this brochure for this Option	Paid from normal GP, pathology, radiology and medicine benefits as described elsewhere in this brochure for this Option	Paid from normal GP, pathology, radiology and medicine benefits as described elsewhere in this brochure for this Option	Paid from normal GP, pathology, radiology and medicine benefits as described elsewhere in this brochure for this Option
Maternity benefit					
In-hospital, subject to preauthorisation	Unlimited in a KeyCare hospital	Unlimited	Unlimited	Unlimited	Unlimited
Out-of-hospital GP and specialist consultations	Unlimited at GP working in the KeyCare network and limited to four gynaecology specialist visits per person per year	Limited to funds in MSA	Limited to funds in MSA/IPB	Limited to funds in MSA/IPB	Paid from MSA/ATB
Ultrasounds	One 2D scan per person per pregnancy	Limited to funds in MSA	Limited to funds in MSA/IPB	Limited to funds in MSA/IPB	Limited to the cost of two 2D scans and paid from MSA/ATB
Blood tests	Selected blood tests per pregnancy (must be requested by a KeyCare GP)	Limited to funds in MSA	Limited to funds in MSA/IPB	Limited to funds in MSA/IPB	Paid from MSA/ATB
Antenatal classes	No benefit	Limited to funds in MSA	Limited to funds in MSA	Limited to funds in MSA	Limited to R780 per beneficiary and paid from MSA/ATB
Medicine					
Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions	All PMB CDL conditions covered based on a formulary and prescribed by the chosen KeyCare GP, subject to approval	All PMB CDL conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount (CDA) if non-formulary medicine is used. Managed by DiscoveryCare	All PMB CDL conditions covered based on a formulary and subject to approval. The Scheme only pays up to a Chronic Drug Amount (CDA) if non-formulary medicine is used. Managed by DiscoveryCare	All PMB CDL conditions covered based on a formulary and subject to approval. A co-payment of 10% when non-DSP or non-formulary medicine is used voluntarily. Managed by Insight Medicine Management	All PMB CDL conditions covered based on a formulary and subject to approval. A co-payment of 10% when non-DSP or non-formulary medicine is used voluntarily. Managed by Insight Medicine Management
Additional Chronic Conditions (ADL)	Not covered by this Option	Not covered by this Option	Not covered by this Option	Paid at 90% of the LA Health Medicine Rate. Limited to: M R 5 550 M+1 R11 000	Paid at 90% of the LA Health Medicine Rate. Limited to: M R 2 750 M+1 R 5 450 M+2 R 6 350 M+3 R 7 150 M+4 R 7 750 M+5 R 8 550

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Prescribed/acute medicine	Covered with no overall limit from DSP. Prescribed medicine only for acute and non-PMB chronic conditions, subject to a formulary and only covered if prescribed by the member's chosen GP working in a KeyCare network.	Paid from and limited to funds in MSA up to 90% of the LA Health Medicine Rate	Paid from and limited to funds in MSA/IPB up to 90% of the LA Health Medicine Rate	Paid from and limited to funds in MSA/IPB up to 90% of the LA Health Medicine Rate	Paid up to 90% of the LA Health Medicine Rate. Limited to: M - R 5 150 M+1 - R 6 450 M+2 - R 7 800 M+3 - R 9 000 M+4 - R 10 300
Over the counter medicine (schedule 0,1 and generic or non-generic, whether prescribed or not)	No benefit for over-the-counter medicine	Limited to funds in MSA up to 100% of the cost	Limited to funds in MSA/IPB up to 100% of the cost	Limited to funds in MSA/IPB up to 100% of the cost	Limited to funds in MSA up to 100% of the cost
Take-home medicine (TTO)	Limited to R100 per person per hospital event	Limited to funds in MSA	Limited to funds in MSA/IPB	Limited to funds in MSA/IPB	Limited to funds in MSA/ATB
Mental health					
Psychiatric hospitals, subject to preauthorisation and case management	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB
Psychologists, psychiatrists, art therapy and social workers; alcohol and drug rehabilitation (out-of-hospital)	Not covered by this Option	Limited to funds in the MSA	Limited to funds in the MSA	Limited to funds in the MSA	Paid from MSA/ATB. Limited to R9 750 per family per year with a sub-limit of R3 250 per beneficiary for alcohol and drug rehabilitation
Oncology (cancer related care)					
DiscoveryCare Oncology Programme, including chemo- and radiotherapy	Chemo- and radiotherapy only covered if provided by an oncologist in the KeyCare Network, subject to strict protocols from MMB	Unlimited, subject to approval of treatment plan from MMB	Unlimited, subject to approval of treatment plan from MMB	Unlimited, subject to approval of treatment plan from MMB	Unlimited, subject to approval of treatment plan from MMB
Optical					
Optometry consultations	Unlimited only at optometrist working in the KeyCare network	Limited to funds in MSA	Limited to funds in MSA/IPB	Limited to funds in MSA/IPB	Limited to funds in MSA/ATB
Spectacles, frames, contact lenses and refractive eye surgery	One pair of clear mono or bi-focal glasses or contact lenses per beneficiary every two years at KeyCare optician	Limited to funds in MSA	Limited to funds in MSA/IPB	Limited to funds in MSA/IPB	Paid from MSA/ATB up to a limit of R2 300 per beneficiary
Other services					
Auxiliary services (physiotherapy, occupational therapy, homeopaths, audiologists, psychologists, etc), Alternative healthcare practitioners (chiropractors, homeopaths, naturopaths, and chiropractors)	Not covered by this Option	Limited to funds in MSA	Limited to funds in MSA	Limited to funds in MSA	Limited to funds in MSA/ATB
Nurse practitioners	Not covered by this Option	Limited to funds in MSA	Limited to funds in MSA	Limited to funds in MSA	Paid up to a limit of R5 700 per family from MSA/ATB
Organ transplants					
Hospitalisation, subject to preauthorisation	Only covered in a state hospital	Unlimited	Unlimited	Unlimited	Unlimited
Harvesting of organ for transplant, subject to preauthorisation	Only covered in a state hospital	Unlimited	Unlimited	Unlimited	Unlimited
Medicine for immuno-suppressive therapy, subject to preauthorisation	Covered according to PMB formulary	According to CIB Chronic Drug Amount	According to CIB Chronic Drug Amount	According to CIB Chronic Drug Amount	According to CIB Chronic Drug Amount
Pathology and radiology					
In-hospital					
MRI and CT scans (these must be referred by a specialist), subject to preauthorisation	Covered subject a pre-authorized event and scan related to the hospital admission, only at KeyCare hospital	Paid from MMB, Unlimited	Paid from MMB, Unlimited	Paid from MMB, Unlimited	Paid from MMB, Unlimited
Ultrasounds, subject to preauthorisation	Unlimited if referred by a specialist in the KeyCare network hospital, limited to one 2D scan for maternity scan	Unlimited. In the case of maternity scans, limited to the cost of two 2D scans per pregnancy	Unlimited. In the case of maternity scans, limited to the cost of two 2D scans per pregnancy	Unlimited. In the case of maternity scans, limited to the cost of two 2D scans per pregnancy	Unlimited. In the case of maternity scans, limited to the cost of two 2D scans per pregnancy
X-rays, subject to preauthorisation	Paid from MMB, Unlimited at a KeyCare Hospital	Paid from MMB, Unlimited	Paid from MMB, Unlimited	Paid from MMB, Unlimited	Paid from MMB, Unlimited
Pathology, subject to preauthorisation	Paid from MMB, unlimited at a KeyCare Network Hospital	Paid from MMB, unlimited	Paid from MMB, unlimited	Paid from MMB, unlimited	Paid from MMB, unlimited
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital), subject to preauthorisation	Covered with no limit in a KeyCare hospital, if referred by a specialist	First R1 500 of scope account paid from MSA. Remainder of scope account paid from MMB. Related accounts limited to funds in MSA	First R1 500 of scope account paid from MSA/IPB. Remainder of scope account paid from MMB. Related accounts limited to funds in MSA/IPB	Paid from MMB, Unlimited	Paid from MMB, Unlimited
Out-of-hospital					
MRI and CT scans (these must be referred by a specialist)	Covered by specialist benefit up to R1 800, if referred by specialist	First R1 500 of the scan paid from and limited to funds in MSA. Remainder of the account is paid from MMB	First R1 500 of the scan paid from and limited to funds in MSA. Remainder of the account is paid from MMB	Unlimited and paid from MMB	Unlimited and paid from MMB
Radiology, including X-Rays and ultrasounds	Covered with no overall benefit limit, only if requested by the member's chosen KeyCare GP	Paid from MSA	Paid from MSA/IPB	Paid from MSA/IPB	Paid from MSA/ATB
Pathology	Covered with no overall benefit limit, only if requested by the member's chosen KeyCare GP	Paid from MSA	Paid from MSA/IPB	Paid from MSA/IPB	Paid from MSA/ATB
Endoscopic procedures: gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy (including hospital and related accounts, if done in hospital), subject to preauthorisation	Covered with no overall benefit limit in a KeyCare network hospital	First R1 500 of scope account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA.	First R1 500 of scope account paid from MSA/IPB. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA/IPB	Unlimited and paid from MMB	Unlimited and paid from MMB
Prostheses					
Internal prostheses					
Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants	Covered from MMB, unlimited	Paid from MMB up to R 116 500 per beneficiary per year.	Paid from MMB up to R116 500 per beneficiary per year	Paid from MMB up to R116 500 per beneficiary per year	Paid from MMB up to R116 500 per beneficiary per year
Other internal prostheses	Paid from MMB subject to preauthorisation	Paid from MMB subject to preauthorisation	Paid from MMB subject to preauthorisation	Paid from MMB subject to preauthorisation	Paid from MMB subject to preauthorisation
External medical items					
Crutches, wheelchairs, hearing aids, artificial limbs, stoma bags, etc	Not covered by this Option	Limited to funds in MSA	Limited to funds in MSA	Limited to funds in the MSA	Limited to R14 750 per family with a sub-limit of R9 900 per family for hearing aids
Preventive care					
Pharmacy screening benefit at a Vitality Check pharmacy: Blood glucose, blood pressure, cholesterol and body mass index (BMI)	R95 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used	R95 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used	R95 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used	R95 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used	R95 per beneficiary per year for one or all of the listed tests, if performed at the same time. Payable from MMB only if one of the Scheme's contracted providers is used
Screening Benefit at other providers: mammogram, Pap smear and PSA tests	Not covered by this Option	Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA	Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MSA/IPB. Consultations and other related costs and procedures paid from MSA/IPB	Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA/IPB	Limited to one Pap smear, mammogram and PSA test per beneficiary per year. Tests paid from MMB. Consultations and other related costs and procedures paid from MSA/ATB
Substance abuse					
Alcohol and drug rehabilitation	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB	21 days per beneficiary, paid from MMB
Detox: in-hospital	3 days per beneficiary, paid from MMB	3 days per beneficiary, paid from MMB	3 days per beneficiary, paid from MMB	3 days per beneficiary, paid from MMB	3 days per beneficiary, paid from MMB
Terminal care benefit (excluding frail care)					
Hospice	Covered up to R15 450 per beneficiary per year from MMB	Covered up to R20 950 per beneficiary per year from MMB	Covered up to R20 950 per beneficiary per year from MMB	Unlimited from MMB	Unlimited from MMB

To help you understand the table better, please have a look at the following:

MMB is the Major Medical Benefit. This covers all your medical expenses when you are admitted to hospital and also certain out-of-hospital procedures, subject to preauthorisation

IPB is the Insured Procedures Benefit. This is an annual amount LA Health makes available to members on the LA Core and LA Active Options for limited day-to-day medical expenses and includes cover for doctor and specialists visits, acute medicine, dentistry, optical, radiology and pathology claims. These will accumulate to the joint annual IPB limit.

MSA is the Medical Savings Account, where the balance in this benefit remains the member's and can be carried over from one year to the next if funds remain unspent at the end of the year.

ATB is the Above Threshold Benefit. If you are on the LA Comprehensive Option, you have access to this unlimited benefit after the threshold is reached. The benefit will pay for day-to-day expenses once the Medical Savings Account has run out and you have reached the Threshold.

LA Health Rate is the rate of reimbursement used, based on the Reference Price List (RPL) or a specific rate negotiated with the healthcare professional. If your doctor charges more than this rate, the claim will be paid to you, otherwise we will pay the doctor directly. All claims are paid up to 100% of the LA Health rate, unless a different rate is specifically indicated in the table above.

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 merely a summary of LA Health's key benefits and features, pending approval from the Registrar of Medical Schemes. If there is any discrepancy between this document and the Rules, the Rules will always apply.