



Plan Comparison

WE'RE IN IT FOR YOUR HEALTH

2026





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	LA KEYPLUS	LA FOCUS	LA ACTIVE	LA ENGAGE	LA CORE	LA COMPREHENSIVE	
	<p>This Option provides comprehensive in-hospital and day-to-day cover for people willing to make use of provider networks (to ensure lower contributions)</p> <p>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</p>	<p>Option for young, healthy members seeking excellent in hospital and other major care benefits, and MSA for day-to-day care.</p> <p>Hospitals in a Province with a coastline and specific hospitals in other South African Provinces are the DSPs for all hospital care, including PMB. Specific Day surgery facilities are the DSPs for specific procedures or treatment</p>	<p>Very attractive Option for younger, healthier couples, with start-up families, who are looking for good out-of-hospital cover and some risk-based day-to-day cover.</p> <p>No cover for chronic medicine after PMB CDL conditions</p>	<p>This Option focuses on the health of young families. It offers comprehensive cover in hospital and for other major illnesses, and chronic medicine benefits for PMB and 16 ADL chronic conditions.</p> <p>It provides specific risk-based benefits for kids <12 years, sports injuries and depression risk management.</p> <p>Day-to-day benefits from MSA and EDB</p>	<p>Offers comprehensive risk benefits, including benefits for PMB and an extensive list of ADL chronic conditions</p> <p>Day-to-day benefits from MSA and EDB</p>	<p>This is the top Option of the Scheme. It offers very comprehensive benefits for older members and members wanting access to specific Oncology, Reproductive, and comprehensive cover for PMB and ADL chronic conditions.</p> <p>Day-to-day benefits is largely unlimited in ATB (however some limits apply) after the MSA has been used and the threshold reached</p>	
	<p>These Benefit Options provide medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions</p>			<p>These Benefit Options provide cover for the Prescribed Minimum Benefit Chronic Disease List medicine and several Additional Chronic conditions, per applicable defined disease lists</p>			
PMB	<p>Prescribed Minimum Benefits</p>	<p>To get full cover for out of hospital care, members must use the services of GPs in the KeyCare network and that of KeyCare Specialists working in a Network hospital</p>	<p>This Option pays for some day-to-day expenses from the MSA</p>	<p>This Option pays for some day-to-day expenses from the MSA. Further cover is provided through the EDB for GP, Specialist, dentist, acute medicine, radiology, pathology and optical benefits</p>	<p>This Option pays for some day-to-day expenses from the MSA. Further cover is provided through the ATB for most disciplines</p>	<p>This Option pays for some day-to-day expenses from the MSA. Further cover is provided through the ATB for most disciplines</p>	
MSA	<p>Medical Savings Account</p>	<p>This benefit option does not offer an MSA. Day-to-day benefits are paid by the Scheme when treatment is provided as required. Some limits and the use of Network providers apply</p>	<p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available funds in MSA.</p> <p>M R10 200 S/A R6 588 C (max 3) R2 988</p>	<p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R9 624 S/A R6 960 C (max 3) R3 984</p>	<p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R10 200 S/A R9 828 C (max 3) R4 500</p>	<p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R14 496 S/A R12 672 C (max 3) R5 820</p>	<p>Pays for day-to-day medical expenses like GP consultation fees, prescribed and over-the-counter medicine, radiology and pathology subject to available MSA</p> <p>M R18 012 S/A R14 521 C (max 3) R4 560</p>
EDB	<p>Extended Day-to-day Benefit</p>	<p>Not offered on these benefit options</p>		<p>Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after MSA</p> <p>M R6 454 S/A R4 512 C (max 3) R1 302</p>	<p>Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after MSA</p> <p>M R7 291 S/A R5 096 C (max 3) R1 628</p>	<p>Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after MSA</p> <p>M R8 567 S/A R5 983 C (max 3) R2 330</p>	<p>Not offered on this benefit option</p>
ATB	<p>Above Threshold Benefit</p>	<p>Not offered on these benefit options</p>					<p>Covers day-to-day healthcare services from the time the Annual Threshold is reached. Unlimited, but specific annual benefit limits apply.</p> <p>ANNUAL THRESHOLD:</p> <p>MR2 200 S/A R14 321 C (max 3) R6 727</p>
ALTERNATIVES	<p>Out of hospital surgical and other procedures</p>	<p>Not offered on this benefit option</p>	<p>Surgical procedures performed in doctor's rooms and laser</p>	<p>tonsillectomy, 24-hour oesophageal pH studies and oesophageal motility studies paid up to the LA Health Rate. Subject to preauthorisation</p>			
	<p>Hospital at Home</p>	<p>Acute and chronic care in lieu of hospitalisation paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, but are subject to clinical criteria and specific limits that apply. On LA KeyPlus Hospital at Home providers are the DSPs for certain conditions</p>		<p>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 day-to-day benefits</p>			
	<p>Approved Step Down Nursing Facilities</p>	<p>Unlimited up to 100% of the cost at LA Health Rate, subject to pre-authorisation and case management</p>					
AMBULANCE SERVICES	<p>DISCOVERY 911</p>	<p>Paid from Major Medical Benefit, no overall limit. All emergency medical transport must be authorised and dispatched by Discovery 911</p>					

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CANCER COVER	Oncology Benefit, including chemo- and radiotherapy	Cancer treatment that is a Prescribed Minimum Benefit (PMB) is always covered in full, subject to the use of a Designated Service Provider (DSP), where applicable. If members choose to use non-network provider, including services for cancer-related radiology and pathology from a non-DSP, covered up to 80% of the LA Health Rate	Cancer treatment and Cancer-related PET Scans covered by benefits reached for all non-PMB treatment and care. A 20% deductible will apply from R1, if the Designated Service Provider is not used to obtain a PET scan. Access to local bone marrow donor searches and stem cell transplant up to the agreed rate, subject to clinical protocols, is covered up to the applicable threshold: R250 000	in the Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold. A 20% copayment applies after the threshold is reached for all non-PMB treatment and care. A 20% deductible will apply from R1, if the Designated Service Provider is not used to obtain a PET scan. Access to local bone marrow donor searches and stem cell transplant up to the agreed rate, subject to clinical protocols, is covered up to the applicable threshold R500 000			
	Oncology Innovation/Precision Benefit	Not available on this Option	Oncology Precision Benefit covers a defined list of innovative cancer criteria covered at 50% of the cost	medicines (a sub-set of the medicines allowed via the Oncology Innovation Benefit) that meet the Scheme's criteria covered at 50% or 75% of the cost	Oncology Innovation Benefit cover for a defined list of innovative cancer medicines that meet the Scheme's criteria covered at 50% or 75% of the cost		
CARDIAC STENTS		Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to the agreed rate per drug-eluting stent or per bare metal stent per admission. 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	PMB Maxillo-facial procedures	Certain severe infections, jaw-joint replacements, cancer-related and certain trauma-related surgery, cleft-lip and palate repairs, subject to preauthorisation and the use of the Scheme's DSPs (where applicable). Paid from the MMB. No overall limit					
	Basic Dental Trauma (non-PMB)	Not available on the Option	Cover for a sudden and unanticipated injury to the teeth and mouth criteria limited to R70 910 per person per year. Certain deductables that require urgent dental treatment after an accident or trauma injury, paid for from the Major Medical Benefit. Includes cover for dental appliances and prostheses, and the placement thereof, subject to clinical entry as indicated in the table below for specialised dentistry in-hospital				
			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.				
	Dentistry in hospital	Not covered on this benefit option	Hospital Younger than 13 years: R2 725 Older than 13 years: R6 885 Day Clinics Younger than 13 years: R1 331 Older than 13 years: R4 514	Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts, (including those for non-Network dentists, anaesthetists, etc.) subject to a limit of R30 400 per person per year	Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R30 400 per person per year	Related, non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to a joint limit of R40 170 for in-and out-of-hospital specialised dentistry per person per year	
DENTISTRY			RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL (ANAESTHETISTS, ETC) Paid from MSA		Paid from and limited to funds in MSA/EDB		Paid from MSA/ATB, subject to joint limit of R2070 per person per year for in-and out-of-hospital basic dentistry
		SPECIALISED DENTISTRY OUT OF HOSPITAL Not covered on this benefit option	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		SPECIALISED DENTISTRY OUT OF HOSPITAL Paid from and limited to funds in MSA/EDB		SPECIALISED DENTISTRY Paid from MSA/ATB subject to joint limit of R40170 per person per year for in-and out-of-hospital specialised dentistry
	Dentistry out of hospital	BASIC DENTISTRY No overall benefit limit, subject to a list of procedures and performed by a dentist in the KeyCare network.	BASIC DENTISTRY Unlimited and paid from MMB, subject to a list of procedures, if performed by a dentist in the Network, even if provided as part of specialised dentistry procedure. Includes 1 set of plastic dentures per person every four years, if obtained from a Network Dentist. If a non-Network dentist is used, paid from the MSA		BASIC DENTISTRY First R4 930 per family per year paid from Major Medical Benefit. Thereafter paid from MSA / EDB	Paid from MSA/EDB	BASIC DENTISTRY Paid from MSA/ATB, subject to a joint limit of R2070 per person per year for basic dentistry, performed in- or out-of-hospital

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DYSPEPSIA	Conservative treatment of Dyspepsia	Basket of care set by the Scheme, subject to authorisation, clinical criteria and treatment guidelines	Not applicable to these benefit options					
END OF LIFE CARE	Advanced Illness Benefit	Paid from the Major Medical Benefit. Subject to clinical entry criteria and preauthorisation, subject to PMB						
	Advanced Illness Member Support Programme	For patients with advanced illnesses, requiring support at the time when they are trying to manage their symptoms, and understand their 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 300 per family, subject to DSP. If the DSP is not used, then no benefit	Prosthetic limbs, eyes and other external prostheses, orthopaedic to one wig per beneficiary per year. Wigs for non-oncology alopecia Paid from the MSA	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 PMB. Limited as requested by a dermatologist or as prescribed			Paid from MSA/ATB. Limited to R7 190 per family with a sub-limit of R2 480 per family for hearing aids and R5 470 per wig per person per year	
	External medical items extender benefit	Not available on these benefit options					Paid from MMB, subject to clinical criteria and approval	
	Blood glucose monitoring device	One 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 890 per person per year	Subject to the External appliances/devices benefit					
	Continuous blood glucose monitoring	Not offered on this Option	R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA	R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA	R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA	R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA	R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA	R1 960 per person per month for sensors only, subject to an annual co-payment of R1 420 per adult or R1 960 per paediatric beneficiary. Paid from MMB for persons registered on the Diabetes Management Programme. Readers or Transmitters limited to R5 350 per device, payable from MSA
GENERAL PRACTITIONERS	GP consultations and services, including virtual and tele-consultations	<ul style="list-style-type: none"> In-hospital visits paid in full AT KeyCare Network GP 15 Out of hospital visits per person at selected 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 R520 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/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 	<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 	<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 	<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 	<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

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KID'S BENEFIT	For children up to 12 years old	Not offered on these Options			Full cover for one GP visit, and any radiology, pathology or prescribed medicine requested or prescribed by the GP at time of the visit, also provides cover for an annual basic dental screening and a basic optometry screening every two years.	Not offered on these Options	
	Private Hospital, including pathology, radiology, physiotherapy, blood transfusions, other blood products and allied treatment authorised as part of the event / procedure	Unlimited cover in a general ward Full cover in a hospital in the KeyCare Hospital Network and at 100% of the LA Health Rate for treatment or procedures that are not PMBs, or if a non-network hospital is used in the case of an emergency. 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 obtained at non-network hospitals (outside the LA Focus Hospital network), paid up to 70% of the LA Health Rate. All other authorised in-hospital treatment and care, paid at the LA Health rate		Covered up to the LA Health Rate in any facility, subject to preauthorisation approved by the Scheme		
HOSPITAL COVER	Defined list of procedures in day surgery network	Covered in any facility approved by the Scheme in the LA KeyPlus Network of Day Surgery Facilities. The Day Surgery Network is the DSP for certain procedures.	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		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	PMB-related benefits only for 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.	In- and out-of-hospital management of spinal or colorectal care and Out-of-hospital conservative spinal treatment subject to a basket		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 of care		
SUBJECT TO PREAUTHORISATION AND CLINICAL ENTRY CRITERIA	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		
	Pre-operative assessment	Not offered on this Option	A once-off basket of care for members undergoing major surgery for arthroplasty		one of the following surgical procedures, paid up to 100% of the LAHR from the Major Medical Benefit: colorectal, breast or prostate cancer surgery, coronary artery bypass graft surgery (CABG), orthopaedic hip or knee		
MANAGED CARE PROGRAMMES	HIVCare	Subject to PMB. Unlimited, paid at cost subject to clinical criteria and guidelines					
	Diabetes and Cardio Care	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	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		
REPRODUCTIVE HEALTH	Assisted reproductive therapy	Not covered on these benefit options				Limited to R14065 per person per year. Paid from the Major Medical Benefit, up to a maximum of 5% 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	

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REPRODUCTIVE HEALTH	DURING PREGNANCY		AFTER YOU GIVE BIRTH		Limited to R2 150 pre pregnancy Paid from MSA/ATB		
Maternity Programme: Cover during the pregnancy and for two years after your baby's birth, once the benefit is activated	<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 		<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 <p>To access these benefits on LA KeyPlus, your chosen GP must refer you</p>				
Antenatal classes for mothers not registered on the Maternity Programme	Not available on these benefit options						
Contraceptives	Not available on this option	Paid from MSA	Paid from MSA	Paid from MMB up to R2,600 per female beneficiary per year	Paid from MSA		
MEDICINE BENEFITS	Doulas	Not available on this benefit option	Paid from MSA only				
PMB Chronic Illness conditions	Cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits. Cover for the out-of-hospital management of a condition that is approved on the Chronic Illness Benefit, will be paid up to 80% of the LA Health Rate if the beneficiary is not enrolled in the Scheme's managed care programme for that condition.						
PMB CDL Chronic Medicine Cover	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 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 (formulary) covered in full when you use a network pharmacy. Medicines not on our list paid up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same category, we will pay up to the monthly CDA, whether on the medicine list or not					
Additional Disease LIST (ADL) conditions,	Covered from available acute, prescribed medicine benefits only. Includes approved medicine prescribed at discharge from hospital		Limited to M R12 500 M+ R25 000 Includes approved medicine prescribed at discharge from hospital	Limited to M R14 765 M+ R29 304 Includes approved medicine prescribed at discharge from hospital	Limited to M R2 15 M1 R14 30 M2 R17 41 M3 R19 10 M4 R20 10 M5 R22 75 Includes approved medicine prescribed at discharge from hospital		
MEDICINE BENEFITS	Acute medicine, including take-home prescribed medicine at discharge from hospital	Acute medicine prescribed by a network provider, covered with no overall limit from Designated Service Provider Medicine when discharged from hospital is limited to R230 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	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		
Over the Counter (OTC) medicine (Schedule 0, 1 and 2 medicine, and medicine categorised as OTC), prescribed or not	Not covered on this benefit option	Paid from MSA up to 100% of the cost. Limited to R3 120 for a single member and R5 710 for a family	Paid from MSA/EDB up to 100% of the cost. Limited to R3 120 for a single member and R5 710 for a family	Paid from MSA up to 100% of the cost without accumulation to the threshold. Limited to R3 120 for single member and R5 710 for a family			
Specialised Medicine and Technology Benefit	Not covered on these benefit options				Subject to authorisation. Paid at the LA Health Medicine Rate up to R26 290 per person per year with a variable co-payment up to a maximum of 120% of the cost of the medicine or technology, based on the condition and medicine		

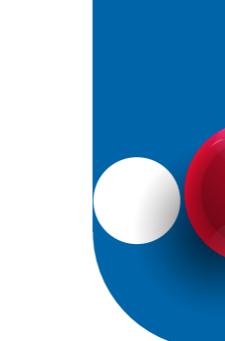
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MENTAL HEALTH	PMB	Maximum overall limit of 21 days for in and out of hospital care paid at cost at DSP, subject to clinical criteria. The limit includes benefits for a			maximum of 21 days in hospital and/or 15 psychiatrist / psychologist contacts 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. Psychiatrists paid subject to the Specialist limit of R5 800	Paid from MSA		Paid from the MSA/EDB		Paid up to the LA Health Rate, subject to the Out of hospital limit of R2050 per family for non-PMB mental health care. Includes a sub-limit of R800 per beneficiary for non-PMB treatment and care related to alcohol and substance abuse
	Depression Risk Management Programme	Paid up to the LA Health Rate from MMB , for non-PMB GP and other related services covered in a basket of care, subject to clinical		criteria for eligible beneficiaries identified via a Mental Wellbeing Assessment			
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 Cataract surgery subject to referral to an ophthalmologist by a network GP or a network Optometrist.	Paid from the Medical Savings Account		Paid from the MSA/EDB		Eye tests consultations paid from MSA/ATE. Spectacles, frames, contact lenses and refractive eye surgery paid up to a limit of R1 70 per person per year from MSA/ATE
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		
OTHER SERVICES	Auxiliary Services (physiotherapy, occupational therapy, audiology, psychology, etc.)	Not covered on this Option	Paid from MSA				Limited to funds in the MSA/ATE
	Nurse practitioners	Not covered on this Option, except for PMB	Limited to funds in MSA				Paid up to a limit of R5 149 per family from MSA/ATE
	Unani-Tibb therapy	Not covered on this Option	Limited to funds in MSA				Limited to funds in the MSA/ATE
SCREENING AND PREVENTION	Screening benefits for adults and children	<ul style="list-style-type: none"> Cover for certain tests at a wellness network provider: blood glucose, blood pressure, cholesterol and body mass index. Cover tests for children between the ages of 2 and 18 years, which include a growth assessment and health and milestone tracking for Cover for a group of age-appropriate screening tests for beneficiaries who are older than 65 years Cover for a mammogram or ultrasound of the breast every two years, Pap smear/HPV testing every three years, PSA (a prostate screening test) once a year, bowel cancer screening tests every two years for members between 45 and 75 years, HIV screening. Additional, and/or more frequent screening is available for those who meet our clinical criteria. Cover for self-testing kits for cervical and colorectal cancer screening from the Major Medical Benefit 		children between the ages of 2 and 8 years at any one of our wellness network providers.			
	Vaccines/Immunisations	<ul style="list-style-type: none"> Covered from the day-to-day benefits that apply for the specific benefit option, except for those listed specifically hereunder Vaccines for influenza <ul style="list-style-type: none"> One influenza vaccine for children <12 years and beneficiaries >65 years One influenza vaccine paid for by the Scheme for children >12 years and beneficiaries <65 years, if the Scheme has not paid for one Pneumococcal vaccinations: Paid subject to age-appropriate intervals 		PSA (a prostate screening test) once a year, bowel cancer screening tests every two years for members between 45 and 75 years, HIV screening. Additional, and/or more frequent screening is available for those who meet our clinical criteria. Cover for self-testing kits for cervical and colorectal cancer screening from the Major Medical Benefit			
	Childhood immunisations	Not covered on this Option, subject to PMB	Paid from MSA		Paid up to 100% of the LA Health Rate from MMB in accordance with the Private Vaccination Schedule for children who are up to 12 years old	Paid from MSA	
PATHOLOGY AND RADIOLOGY	Pathology	Out of hospital pathology services up to the LA Health rate. Jointly limited to the Specialist Services limit of R5 800 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. OUT OF HOSPITAL Paid from MSA		OUT OF HOSPITAL Paid from MSA/EDB		OUT OF HOSPITAL Paid from MSA/ATE

		FOLD					
		LA KEYPLUS	LA FOCUS	LA ACTIVE	LA ENGAGE	LA CORE	LA COMPREHENSIVE
PATHOLOGY AND RADIOLOGY	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	IN HOSPITAL First R3 800 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 800 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 Unlimited, 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 800 per person per year Out of hospital scans paid from the Specialist Benefit limit of R5 800, if referred by KeyCare GP	IN HOSPITAL SCANS: Unlimited, paid up to 100% of the LA Health Rate, subject to authorisation and referral by a specialist	OUT OF HOSPITAL The first R3 800 of the scan paid from the MSA. The remainder of the account is paid from Major Medical Benefit, subject to referral by a specialist.		OUT OF HOSPITAL Unlimited, paid up to the LA Health Rate, subject to authorisation and referral by a specialist	
	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 800 specialist limit	IN HOSPITAL Paid from MMB, subject to authorisation	OUT OF HOSPITAL Paid from MSA	OUT OF HOSPITAL Paid from MSA / EDB	OUT OF HOSPITAL Paid from MSA / ATB	
PROSTHESES	Internal prostheses	Unlimited, paid up to the LA Health Rate, subject to clinical criteria No cover for cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses and/or major joint replacement devices, including hip and knee replacement devices	<ul style="list-style-type: none"> • Cochlear implants, implantable defibrillators, internal nerve • Spinal devices/prostheses: Unlimited if obtained from Designated 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. • Shoulder replacement prostheses: Unlimited if obtained from the Scheme's Preferred Provider. Limited to the applicable negotiated Network rate per device, per admission if from a non-Preferred Provider. • Major joint replacements, including hip and knee replacements: Paid subject to the use of the 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 replacement unlimited from the Preferred device, per admission, if obtained from a non-Preferred Provider. • Internal prostheses not mentioned elsewhere in this brochure: Paid up to the LA Health rate, subject to preauthorisation and clinical criteria 				
RENAL CARE	Acute and chronic dialysis, including authorised medicine for 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 100% of the Subject to the approval of a treatment plan and the use of the	LA Health rate for other services. services of the DSP. Co-payments will apply if the DSP is not used			
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 800 per person for out-of-hospital services, only if referred by the KeyCare Network GP. This limit includes benefits for radiology and pathology Consultations with an Ophthalmologist: subject to referral by the member's nominated GP or network optometrist. In the absence of such a referral, the Scheme will not pay for the consultation, and eye surgery procedures will not be authorised.	IN HOSPITAL Paid up to the agreed rate for services provided by the DSP	specialists and up to the LA Health Rate when the services of non-DSP Specialists are used		OUT OF HOSPITAL Paid from MSA/ATB Virtual Paediatrician consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA/EDB is depleted	
		OUT OF HOSPITAL Paid from MSA Virtual consultations with a Paediatrician paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA/EDB is depleted	OUT OF HOSPITAL Paid from MSA/EDB Virtual consultations at a Paediatrician 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				

		LA KEYPLUS	LA FOCUS	FOLD	LA ACTIVE	LA ENGAGE	LA CORE	LA COMPREHENSIVE	
SPORTS INJURY BENEFIT	Cover for sports injuries		Not covered on these benefit options			Once activated by GP, paid up to 100% of the Scheme Rate, subject to applicable networks. <ul style="list-style-type: none"> • Unlimited basic black and white X-rays • 2 specialists' consultations per person per year • 4 physiotherapy / bio kineticist / chiropractor or occupational therapist consultations per person per year 	Not covered on these benefit options		
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. There are specific benefits for the person affected by the trauma and for the registered beneficiaries who are indirectly affected.		Designated Service Providers, clinical entry criteria, and certain limits.				
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 as set by the Scheme for the specific condition. Subject to obtaining the services from the Scheme's preferred providers / DSPs, where applicable, and the condition and treatment meeting		certain clinical criteria and protocols				
WELLTH FUND	Primary healthcare screening services for the family		Primary healthcare screening services for visual, hearing, dental and skin conditions; Physical well-being screening at a dietitian, health 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 Subject to completion of basic screening tests. Subject to the use of Network providers (where applicable), clinical entry criteria, treatment Available to any new member from their joining date to the end of the next year.		biokineticist 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 once per lifetime; up to a maximum of R10 000 per family guidelines and protocols.				
<p>M = Member; S/A = Spouse/Adult; C = Child; DSP = Designated Service Provider; MMB = Major Medical Benefit</p> <p>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 based on their subsidy level, taking into account the maximum subsidy value paid by the employer.</p>									
TOTAL CONTRIBUTIONS	LA KEYPLUS	Income	Member	Adult	Child	Maximum for 3 child dependants	Member	Adult	
		R0 - R12 000	R1 634	R1 427	R597	R1 791	R3 400	R2 195	
		R12 001 - R16 800	R1 722	R1 506	R628	R1 884	R4 166	R2 802	
		R16 801+	R2 593	R2 308	R968	R2 904	R5 000	R1 382	
		LA FOCUS	LA ACTIVE	LA ENGAGE	LA CORE	LA COMPREHENSIVE	Member	Adult	
		R3 400	R4 166	R5 000	R8 345	R11 184	R2 195	R997	
		R4 166	R5 000	R4 519	R7 533	R8 539	R2 802	R1 382	
		R5 000	R4 519	R1 500	R2 493	R2 711	R1 382	R4 500	
		R4 519	R1 500	R1 500	R2 493	R8 133	R2 493	R7 479	
		R1 500	R1 500	R1 500	R2 493	R8 133	R2 493	R7 479	

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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 Council for 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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