



LIBERTY

LMS 2014 Benefits

Launch Copy

Subject to CMS approval

LMS BENEFITS

(With effect from 1 January 2014)

Index

1. Terms and Abbreviations	2
2. Rules Applicable to the MySaver™ :Medical Savings Facility (MSF)	3
3. Rules Applicable to the MySafetyNet™ :Threshold Level and AboveThreshold Benefit	4
Benefit Schedule A	5
Benefit Schedule B	12

A guide to our Options and Choices	
TRADITIONAL Ultimate	Prestige 2013
TRADITIONAL Standard	Bona Plus 2013
TRADITIONAL Basic	Gateway 2013
COMPLETE Plus	Platinum Complete 2013
COMPLETE Standard	Titan 2013
COMPLETE Select	Titan Select 2013
SAVER Plus	Platinum Saver 2013
SAVER Standard	Gold Saver 2013
SAVER Select	Gold Saver Select 2013
HOSPITAL Plus	Platinum Focus 2013
HOSPITAL Standard	Gold Focus 2013
HOSPITAL Select	Gold Focus Select 2013

1. Terms and Abbreviations

Appliances, an appliance fulfilling a temporary or permanent support function, which is not permanently attached to the body and used where a functional disability is present, including hearing aids.

Credit Savings, the amount of credit extended to a member at the beginning of the financial year or when a member joins or when a dependant is registered during the financial year and which is equal to the contributions payable to the MSF multiplied by the months remaining in the financial year.

Day Procedure, a diagnostic or minor surgical procedure which can be performed in a doctor's room, attached theatre or day clinic and does not require an overnight stay in hospital.

External Prosthesis, a fabricated or artificial substitute for a diseased, missing or surgically removed part of a body which has not been surgically implanted and is a permanent or temporary substitute or replacement for a missing body part for the purpose of restoring functionality and/or healing and includes all parts or components deemed to be a necessary part of the device and shall be paid as a single unit.

Internal Prostheses, a fabricated or artificial substitute for a diseased, missing or surgically removed part of the body which has been surgically implanted and is a permanent substitute or replacement for a missing body part for the purpose of restoring functionality and includes all components such as pins, rods, screws, plates or similar items forming an integral and necessary part of the device so implanted and shall be paid as a single unit.

Hospital, where appropriate the term hospital shall include a sub-acute facility, day clinic, unattached operating theatre, physical rehabilitation hospital, rehabilitation centre or hospice.

LMS Network GP, in respect of the options below, a general practitioner who contracted with the Scheme in terms of its Provider Network Agreement.

COMPLETE Plus	Platinum Complete 2013
COMPLETE Standard	Titan 2013
COMPLETE Select	Titan Select 2013
SAVER Plus	Platinum Saver 2013
SAVER Standard	Gold Saver 2013
SAVER Select	Gold Saver Select 2013

MO; M1; M2; M3+, indicates a member plus number of dependants.

MMRP, the Maximum Medicine Reference Price as defined in rule 4.35 of the main rules.

MSF, the medical saving facility available on specific options.

Network, in respect of the Traditional Basic option, Prime Cure and/or its contracted hospitals, practitioners, including specialists, and in respect of the Traditional Standard option, CareCross and/or its contracted practitioners, including specialists.

Network Hospitals, the hospitals as approved by the Scheme from time to time.

PMB, the prescribed minimum benefits provided for by law.

Positive Savings, the actual funds paid to the MSF, that is contributions, positive balances remaining over from the previous year and transfers from other medical schemes, that have not been utilised to pay for benefits.

SPG, the self-payment gap which needs to be bridged before beneficiaries become eligible for the threshold benefit.

ATB, the above threshold benefit available on specific options.

2. Rules Applicable to the Medical Savings Facility (MSF)

The rules applicable to the MSF provided for in the relevant benefit options are as follows:

Available MSF Funds

- 2.1 The amount available to pay for benefits shall consist of positive savings and credit savings, provided that the credit savings may not be utilised to pay for claims arising prior to the start of the financial year.
- 2.2 The liability of the Scheme to pay benefits in respect of a member who resigns before the end of the financial year out of the MSF shall be limited to the positive savings in the MSF.

Utilisation of MSF funds

- 2.4 The credit savings available to a member may only be utilised to pay for services as listed in the benefit schedule in respect of MSF benefits including contraceptives.
- 2.5 The positive savings may be utilised to pay for the following:
 - For services as listed in the benefit schedule in respect of MSF benefits including contraceptives;
 - Co-payments due by a member except for chronic and acute medicine;
 - Eligible medical services not funded by the Scheme on request by a member.

Interest

2.6 Interest as determined by the Board will be charged/paid on credit/positive savings.

MSF positive savings

2.7 Any positive savings remaining in a member's MSF at the end of a financial year are retained for the benefit of a member.

MSF treatment on termination of membership

2.8 Any positive savings (as determined at the end of the fourth month following the month in which membership was terminated) held in the MSF for the benefit of a member shall, after off-setting any amounts due to the Scheme in respect of the member together with any tracing and other costs reasonably incurred by the Scheme in order to fulfil its obligations be dealt with as set out below:

Termination for reasons other than death

2.8.1 Should a member terminate membership without joining another medical scheme or join an option on a medical scheme which does not provide for a medical savings account, be paid to the member; or

2.8.2 Should the member terminate membership and become a member of another medical scheme in an option offering a medical savings account, be transferred to such other medical scheme;

Termination on death of the member

2.8.3 Be held for the benefit of a dependant who becomes a continuation member.

2.8.4 Failing any dependants who become continuation members of the Scheme, be paid to the deceased member's estate.

Credit savings debt

2.9 Any benefit paid to or on behalf of a member which is in excess of actual contributions made to the MSF, shall be recoverable by the Scheme.

3. Rules Applicable to the Threshold Level and Above Threshold Benefit (ATB)

The threshold benefit is a benefit that becomes available after a member's MSF has been depleted and the member has paid claims out of his/her pocket to reach the specific threshold level.

The rules applicable to the threshold level and threshold benefit provided for in the relevant benefit options are as follows:

Determining the threshold level

3.1 The threshold level is determined as at the beginning of a financial year, or at the time the member joins the Scheme.

- 3.2 The threshold level is equal to the sum of the MSF and SPG amounts reflected in the benefit schedule.
- 3.3 The overall threshold level is calculated by multiplying the respective threshold levels by the number of relevant beneficiaries (provided that only a maximum of 3 child dependants need to be taken into account) and totalling these amounts.
- 3.4 The threshold level is pro-rated if a member or dependant joins after the beginning of the financial year or should dependants be added or de-registered during the year, provided that no pro-ration shall apply during the last three months of a financial year.

Eligible claims accumulating towards the threshold level

- 3.5 Only claims for the services as listed in the benefit schedule in respect of MSF and threshold benefit shall be taken into account in calculating the expenditure towards the threshold level.

Utilisation of the Above Threshold Benefit (ATB)

- 3.6 Once the member reaches the threshold level, the threshold benefit becomes available and the Scheme will pay for eligible claims subject to any benefit sub-limit.
- 3.7 Any benefit sub-limit will be calculated taking into account all claims received in respect of such benefit including claims against the MSF and claims falling within the SPG.

BENEFIT SCHEDULE A		
SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)
	Benefits/Limits	Benefits/Limits
PRESCRIBED MINIMUM BENEFITS		
Services in respect of Prescribed Minimum Benefit conditions	100% of Cost Any monetary limit or benefit exclusion imposed in terms of this benefit schedule shall not apply provided the provisions of the rules relating to the treatment of such a PMB condition are met, provided further that any such benefits which qualify as a PMB benefit shall first be off-set against any applicable benefit limit set in terms of these Rules. Any services voluntarily obtained other than from the Network or in terms of a relevant managed healthcare programme shall be subject to co-payments.	
HOSPITAL BENEFITS		
OVERALL ANNUAL LIMIT	R500 000 per beneficiary limited and R750 000 per family	R1 125 000 per family
	This overall annual limit includes all sub-limits	
Hospitalisation	100% of LMS Rate Subject to pre-authorisation and the relevant managed healthcare programme. No benefits apply in respect of services obtained other than from a Network contracted hospital except in an emergency. ICU and High Care are subject to pre-authorisation and clinical protocols. Day procedures performed in-hospital or other than in a Network contracted day facility are subject to a R1 600 co-payment. Hospitalisation for joint replacements and spinal surgery covered only in respect of qualifying PMB treatment.	100% of LMS Rate Subject to pre-authorisation and the relevant managed healthcare programme. A co-payment of R750 applies in respect of all procedures performed endoscopically including but not limited to arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, hysteroscopy, laparoscopy, proctoscopy and sigmoidoscopy. No benefit in respect of Day Procedures unless pre-authorised and subject to relevant managed healthcare programme. Hospitalisation for joint replacements and spinal surgery covered only in respect of qualifying PMB treatment.

SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)
	Benefits/Limits	Benefits/Limits
Hospitalisation	No benefits in respect of hospitalisation unless the treatment for which admitted qualifies for benefits.	No benefits in respect of hospitalisation unless the treatment for which admitted qualifies for benefits.
GP's and Specialists	100% of LMS Rate No benefit in respect of services obtained from a GP or Specialist other than from a contracted network GP or Specialist. Specialist treatment is subject to pre-authorisation.	100% of LMS Rate Specialist treatment is subject to pre-authorisation. Benefits iro services obtained from non-network GPs and Specialists costs are limited to 50% of the LMS Rate.
Physiotherapist, Occupational Therapist, Clinical Technologist	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols.	100% of LMS Rate No Limit Benefits only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols.
Allied and Support Health Professionals other than the above	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment.	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment.
Pathology	100% of LMS Rate Limited to R11 200 per family	100% of LMS Rate Limited to R23 200 per family
Internal and external prosthesis	100% of Cost No Limit Benefits (including spinal/back surgery and joint replacements) only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols.	100% of Cost No Limit Subject to pre-authorisation and the relevant managed healthcare programme. Benefits (including spinal/back surgery and joint replacements) only in respect of qualifying PMB treatment.
Radiology (including MRI and CT scans)	100% of LMS Rate. Limited to R11 200 per family Benefits in respect of specialized radiology (MRI, CT scans and Angiography) only in respect of qualifying PMB treatment and subject to pre-authorisation. Combined in and out of hospital benefit	100% of LMS Rate Limited to R23 200 per family for general and specialised radiology MRI and CAT scans are subject to pre-authorisation. Angiography subject to being ordered by a specialist. MRI/CT scans requested by General Practitioner are limited and subject to pre-authorisation. Self-referred radiology not covered.
Maternity confinement	100% of LMS Rate Subject to pre-authorisation and registration on the maternity programme. Elective caesarean deliveries will only be paid at the rate of a normal delivery.	100% of LMS Rate Subject to pre-authorisation and the relevant managed healthcare programme. No benefits in respect of elective caesarean deliveries.
Neonatal treatment	100% of Cost No Limit Subject to pre-authorisation and the relevant managed healthcare programme. Benefits only in respect of qualifying PMB treatment and the DoH Guidelines.	100% of Cost No Limit Subject to pre-authorisation and the relevant managed healthcare programme. Benefits only in respect of qualifying PMB treatment.

SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)
	Benefits/Limits	Benefits/Limits
Dentistry	100% of LMS Rate. Pre-authorization required. Restricted to impacted third molars and children under 8 years of age in day clinics and freestanding theatres only.	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment and children under 8 years of age. Subject to pre-authorization and admission of children limited to one admission every 3 years.
Psychiatric Admissions	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols and includes admissions for drug and alcohol rehabilitation.	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment. Subject to pre-authorization and the relevant managed healthcare programme.
Blood, Blood Equivalents and Blood Products	100% of LMS Rate Benefits in respect of blood equivalents are subject to pre-authorization.	100% of LMS Rate Benefits in respect of blood equivalents are subject to pre-authorization.
Take Out Medication	100% of MMRP Limited to maximum of 7 days' supply.	100% of MMRP Limited to maximum of 7 days' supply limited to R1 845 per admission.
ALTERNATIVES TO HOSPITALISATION		
Sub-acute Facilities, Physical Rehabilitation Facilities and Private Nursing	100% of LMS Rate Limited to R6 400 per family combined with Hospice benefit. Subject to pre-authorization and the relevant managed healthcare programme.	100% of LMS Rate Limited to R15 600 per family overall. Subject to pre-authorization and the relevant managed healthcare programme.
Hospice	100% of LMS Rate Limited to R6 400 per family combined with Sub-acute benefit. Subject to pre-authorization and the relevant managed healthcare programme. Includes accommodation, medicines and consultations.	100% of LMS Rate Limited to R15 600 per family Subject to pre-authorization and the relevant managed healthcare programme. Includes accommodation, medicines and consultations.
Day Procedures	100% of LMS Rate Benefits only in respect of services obtained in a Network contracted day facility. Subject to pre-authorization and the relevant managed healthcare programme. Day procedures performed in-hospital or other than in a Network contracted day facility are subject to a R1 600 co-payment.	100% of LMS Rate Subject to pre-authorization and the relevant managed healthcare programme.
DISEASE BENEFIT		
Chronic Medication in respect of the PMB Chronic Disease List	100% of MMRP No Limit Subject to the Network treatment protocols and medicine formulary and registration on the chronic medication programme. Only medication prescribed by the nominated Network GP will be covered. Medicine to be supplied by the nominated Network GP or a Network contracted pharmacy.	100% of MMRP No Limit. Subject to the Network treatment protocols and medicine formulary. Only medication prescribed by a Network GP will be covered. Medicine to be supplied by the Network as arranged with the beneficiary or provider. Chronic medication prescribed by a specialist must be referred back to the Network GP to have it scripted within formulary unless obtained from a Network pharmacy.

SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)
	Benefits/Limits	Benefits/Limits
HIV/Aids	100% of Network Rate No Limit. Subject to the use of the nominated Network GP and registration on the relevant managed healthcare programme and protocols.	100% of Network Rate No Limit. Subject to the use of the Network GP and pre-authorisation and registration on the relevant managed healthcare programme. Benefits limited to 50% of the LMS Rate or MMRP if services or medicines obtained other than from the designated service providers.
Oncology (Cancer)	100% of Cost No Limit. Subject to pre-authorisation and registration on the relevant managed healthcare programme. Benefits only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols.	100% of LMS Rate or MMRP R169 400 per family. Subject to pre-authorisation and the relevant managed healthcare programme. Benefits limited to 50% of the LMS Rate or MMRP if services or medicines obtained other than from the designated service providers.
Chronic and Peritoneal Dialysis	100% of Cost No Limit Subject to pre-authorisation and registration on the relevant managed healthcare programme. Benefits only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols.	100% of LMS Rate R169 500 per family Subject to pre-authorisation and the relevant managed healthcare programme.
Organ and Bone Marrow Transplants	100% of Cost No Limit.	100% of Cost No Limit.
(including Immunosuppressants)	Subject to pre-authorisation. Benefits only in respect of qualifying PMB treatment obtained from a Network contracted provider and subject to State protocols.	Subject to pre-authorisation and the relevant managed healthcare programme. Benefits only in respect of qualifying PMB treatment.
NETWORK PRIMARY CARE BENEFITS		
Acute Medicine	100% of MMRP The number of prescriptions is limited to the number of GP consultations benefit. Subject to the Network formulary and only if dispensed by the nominated Network GP or a Network contracted pharmacy. Medicine from a non-nominated but contracted GP is subject to pre-authorisation.	100% of MMRP No Limit. Subject to the Network formulary and only if dispensed by the prescribing Network GP or another designated service provider.
Pharmacy advised therapy	No benefit.	100% of MMRP limited to R65 per script and a maximum of R195 per family. Only applicable for schedule 1 and 2 medicines obtained from a Network pharmacy.
GP consultations and visits	100% of Network Rate 6 consultations per beneficiary from a nominated Network GP. Consultations other than from the nominated Network GP only covered if obtained from a contracted GP and pre-authorised and is included in the above limit. Treatment of PMB conditions after the 6th consultation is subject to pre-authorisation. Failure to obtain an authorisation will result in a 20% co-payment.	100% of Network Rate 15 consultations per family limited to 6 per beneficiary. Obtained from a Network GP. No benefits apply in respect of any consultation after the 6th or 15th consultation respectively unless from a nominated Network GP and pre-authorised as part of a treatment plan subject to Network protocols.
Nurse consultations	100% of Network Rate Limited to R375 per beneficiary. The beneficiary is required to pay for the services and submit the claim to the Network for reimbursement.	No benefit.

SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)
	Benefits/Limits	Benefits/Limits
Pre- and Postnatal Care	100% of Network Rate No Limit. Supervision of uncomplicated pregnancy up to week 20, including two 2D sonar scans.	100% of Network Rate No Limit. Supervision of uncomplicated pregnancy up to week 20, including two 2D sonar scans.
Minor Procedures in Rooms	100% of Network Rate No Limit. Benefits only in respect of services obtained from the nominated Network GP and subject to pre-authorisation. These procedures include lacerations, treatment of minor burns, bites, stings, cuts, bruises, fractures, excisions, wound care and other procedures of a similar nature.	100% of Network Rate No Limit. Obtained from a Network provider. These procedures include stitching of wounds, limb casts, removal of foreign body, clamp circumcision, excision and repair, drainage of subcutaneous abscess and avulsion of a nail.
Basic Radiology	100% of Network Rate The number of referrals is limited to the number of GP consultations benefit. Subject to referral by the nominated Network GP and referrals other than from the nominated Network GP only covered if from a contracted GP and pre-authorised. Limited to black and white X-rays and soft tissue ultra sounds.	100% of Network Rate No Limit. Subject to the Network protocols, formulary and referral by a Network GP.
Pathology	100% of Network Rate The number of referrals is limited to the number of GP consultations benefit. Subject to the Network protocols, formulary and referral by the nominated Network GP and referrals other than from the nominated Network GP only covered if from a contracted GP and pre-authorised.	100% of Network Rate No Limit. Subject to the Network protocols, formulary and referral by a Network GP.
Primary Dentistry	100% of Network Rate No Limit. Subject to Network protocols and the use of the Network contracted providers. 1 full mouth examination, 1 preventative treatment per beneficiary, fillings and extractions in rooms. Emergency dental treatment of pain and sepsis limited to 1 per family. No benefit for dentures or specialised dentistry. Pre-authorisation is required for more than 4 fillings or extractions per beneficiary, dental surgery, fluoride treatment over 12 years old and surgical extractions.	100% of Network Rate No Limit. Subject to the Network protocols and use of the designated service providers appointed by the Network. Primary dentistry means consultations, extractions, fillings, scaling and polishing, including emergency pain relief and removal of nerve. No benefit for root canal treatment, crowns, dentures or other advanced dentistry.
Optical	100% of Network Rate Limited to 1 eye test and 1 pair of glasses per beneficiary every 2 years. Single or bi-focal lenses only. Qualifying norms apply. No benefits for contact lenses. Subject to use of the Network contracted providers.	100% of Network Rate One optical eye test. One pair of white standard mono-or bifocal lenses in a standard frame from a selection or contact lenses to the value of R400. Frames other than from the pre-selection of frames limited to R150. Available per beneficiary every 2 years. Subject to Network protocols and use of Network provider.

SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)
	Benefits/Limits	Benefits/Limits
EXTENDER BENEFIT		
GP out of Network/ Emergency visits	100% of Network Rate Limited to 1 consultation per beneficiary and 2 per family and an overall cost of R535 per family. Subject to authorisation within 72 hours. The beneficiary is required to pay for the services and submit the claim to the Network for reimbursement. The benefit includes any radiology and pathology examinations subject to the Network protocols and pre-authorisation.	100% of Network Rate Limited to 3 visits per family and an overall cost of R1 070. The beneficiary is required to pay for the services and submit the claim to the Network for reimbursement.
Specialists	100% of Network Rate Limited to 2 consultations per family and an overall cost of R1 445 per family. Subject to referral by the nominated Network GP and pre-authorisation. This includes acute medication, basic radiology and pathology prescribed by a specialist.	100% of Network Rate Limited to 3 visits per family and an overall cost of R1 070. The beneficiary is required to pay for the services and submit the claim to the Network for reimbursement. 100% of Network Rate Limited to R1 405 per beneficiary and R2 255 per family. Subject to referral by a Network GP to a Network Specialist or other specialist and pre-authorisation.
Acute Medicine prescribed by a Specialist	100% of MMRP Included in the Specialist benefit.	100% of MMRP Limited to R1 405 per beneficiary and R2 255 per family (both limits shared with Specialists benefit). Subject to referral by a Network GP to a Network Specialist and pre-authorisation.
Pathology requested by a Specialist	100% of Network Rate Included in the Specialist benefit.	100% of LMS Rate Limited to R1 405 per beneficiary and R2 255 per family (both limits shared with Specialists benefit). Subject to referral by a Network GP to a Network Specialist and pre-authorisation.
Radiology requested by a Specialist	100% of Network Rate Basic radiology included in the Specialist benefit. Benefits in respect of specialized radiology (MRI, CT scans and Angiography) only in respect of qualifying PMB treatment and subject to pre-authorisation. Included in in-hospital benefit.	100% of LMS Rate Limited to R5 500 per family. Includes MRI and CT scans, mammograms and bone density tests subject to pre-authorisation.
Allied and Support Health Professionals	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment and subject to pre-authorisation.	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment.
Appliances	100% of LMS Rate Limited to R3 200 per family. Subject to pre-authorisation and treatment protocols.	100% of Cost No Limit Subject to pre-authorisation and treatment protocols. Benefits only in respect of qualifying PMB treatment.
Mental Health Benefit	100% of Cost No Limit Benefits only in respect of qualifying PMB treatment and subject to pre-authorisation.	100% of Cost Benefits only in respect of qualifying PMB treatment and subject to pre-authorisation and the relevant managed healthcare programme.

SERVICE	TRADITIONAL Basic (Gateway 2013)	TRADITIONAL Standard (Bona Plus 2013)	
	Benefits/Limits	Benefits/Limits	
HIV/Aids Prevention (Needle stick injuries and prevention of mother to child transmission)	100% of Network Rate. No Limit Subject to pre-authorisation and the relevant managed healthcare programme.	100% of LMS Rate No Limit Subject to registration on the relevant managed healthcare programme.	
Childhood immunisations	No benefit	At birth	BCG - upper arm Polio - drops per mouth
		6, 10 and 18 Weeks	Polio - drops per mouth Diphtheria, Tetanus and Whooping Cough (DTP) - injection in thigh Hepatitis B - injection in thigh Hemophilus Influenza B (HIB) - injection in thigh
		9 and 14 Months	Polio - drops per mouth Diphtheria, Tetanus and Whooping Cough (DTP) - injection in thigh Measles (measles or measles/ mumps/rubella vaccinations) - injection in thigh
		5 Years	Polio - drops per mouth Diphtheria, Tetanus - injection in thigh
MEDICAL RESCUE			
Emergency Transport Services	100% of Cost No Limit Emergency road and air transport within South Africa if obtained via ER24. No benefit in respect of unauthorised use of another provider unless a PMB in which case a 50% co- payment shall apply.	100% of Cost No Limit Emergency road and air transport within South Africa if obtained via ER24. No benefit in respect of unauthorised use of another provider unless a PMB in which case a 50% co- payment shall apply.	

BENEFIT SCHEDULE A							
SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
PRESCRIBED MINIMUM BENEFITS							
Services in respect of PMB Conditions	<p>Any monetary limit or benefit exclusion imposed in terms of this benefit schedule shall not apply provided the provisions of the rules relating to the treatment of such a PMB condition are met, provided further that any such benefits which qualify as a PMB benefit shall first be off-set against any applicable benefit limit set in terms of these Rules.</p> <p>LMS Network GPs shall be reimbursed at 115% of LMS rate in respect of consultations qualifying as PMB services. Any services voluntarily obtained other than from a designated service provider or in terms of a relevant managed healthcare programme shall be subject to co-payments.</p>						
HOSPITAL BENEFITS							
Overall Annual Limit	Unless indicated otherwise, no limits apply						
Hospitalisation	<p>100% of LMS Rate subject to the following:</p> <p>Pre-authorisation No benefits are payable in respect of admissions or treatments unless pre-authorized and subject to relevant managed healthcare programme, treatment protocols or medicine formularies.</p> <p>Network hospitals Beneficiaries on the HOSPITAL Select (Gold Focus Select 2013), SAVER Select (Gold Saver Select 2013) and COMPLETE Select (Titan Select 2013) options are required to obtain services from a LMS network hospital and any planned admissions to a hospital other than a network hospital (or designated service provider in respect of a PMB condition) shall be subject to a co-payment of R7 500.</p> <p>Private ward accommodation Limited to R1 700 per day on the SAVER Standard (Gold Saver 2013), SAVER Select (Gold Saver Select 2013) and TRADITIONAL Ultimate (Prestige 2013) option. No benefits on other options other than specifically authorised on medical grounds limited to R1 700 per day.</p> <p>Day Procedures No benefit in respect of Day Procedures performed in hospital unless pre-authorized and subject to relevant managed healthcare programme.</p>						
CO-PAYMENTS							
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, diagnostic cystoscopy, vasectomy	R1 500	R1 500	R1 500	R1 500	Not applicable	Not applicable	Not applicable
Extraction of wisdom teeth, conservative back treatment, needle aspiration of joint, bursa or ganglion	R1 500	R1 400	R1 500	R1 400	Not applicable	Not applicable	Not applicable
Arthroscopy, laparoscopy, hysteroscopy and endometrial ablation	R3 650	R3 650	R3 650	R3 650	Not applicable	Not applicable	Not applicable
Functional nasal procedures, hysterectomy (non-cancer related)	R3 650	R3 400	R3 650	R3 400	Not applicable	Not applicable	Not applicable

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Joint replacements	Benefits only in respect of qualifying PMB treatment	R 8 550	Benefits only in respect of qualifying PMB treatment	R 8 550	R 7 300	Not applicable	Not applicable
Spinal surgery	R 7 300	R 6 850	R 7 300	R 6 850	R 7 300	Not applicable	Not applicable
Nissen fundoplication (reflux surgery)	R 7 300	R 6 850	R 7 300	R 6 850	Not applicable	Not applicable	Not applicable
	In the event of multiple procedures in a single day, the higher co-payment will be applicable. No co-payment will be applicable in the event of a trauma related event.						
GPs	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	200% of LMS Rate
Specialists	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	300% of LMS Rate
Physiotherapist, clinical technologist, occupational therapist	100% of LMS Rate						
Pathology	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate limited to R31 300 per family	100% of LMS Rate	100% of LMS Rate
	Subject to pre-authorisation and the relevant managed healthcare programme.						
Internal Prosthesis	100% of LMS Rate limited to R50 000 per beneficiary subject to the sub-limits set out below; provided that no benefit applies iro joint replacements unless qualifying as PMB	100% of LMS Rate subject to the following sub-limits	100% of LMS Rate limited to R50 000 per beneficiary subject to the sub-limits set out below; provided that no benefit applies iro joint replacements unless qualifying as PMB	100% of LMS Rate subject to the following sub-limits	100% of LMS Rate limited to R50 000 per beneficiary subject to the following sub-limits	100% of LMS Rate subject to the following sub-limits	100% of LMS Rate subject to the following sub-limits
Cardiac System	Cardiac pacemakers: R47 000 Cardiac stents (including the carrier): R40 300 Cardiac valves: R37 200						
Central Nervous System	Neuro-stimulation/ablation devices for Parkinson's: R44 600 Vagal stimulator for intractable epilepsy: R37 200						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Endovascular Devices	Aorta stent grafts: R47 000 Carotid stents: R17 800 Detachable platinum coils: R44 600 Embolic protection devices: R20 100 Intracranial stents: R22 200 Peripheral arterial stent grafts: R33 200						
Orthopaedic Devices	No limit in respect of qualifying PMB treatment	See SAVER Plus	No limit in respect of qualifying PMB treatment	Ankle replacement: R33 500 Bone-lengthening devices: R39 500 Elbow replacement: R39 500 Hip replacement: R39 500 Knee replacement: R39 500 Shoulder replacement: R39 500			
Spinal Devices	Approved spinal implantable devices and inter-vertebral discs: R39 500 Spinal plates and screws: R39 500						
Ophthalmic System	Intraocular lens (post-cataract removal): R2 410						
Cochlear and Auditory Brain Implants	No benefit						R140 000 for children born into the Scheme
Internal nerve stimulators	No benefit						R110 000 per beneficiary per annum
Unlisted Internal Prosthesis	R29 900 Subject to pre-authorisation and the relevant managed healthcare programme.						
External Prosthesis	Self-funded	Self-funded	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate
Artificial Limbs			R45 000 per beneficiary	R45 000 per beneficiary	R45 000 per beneficiary	R45 000 per beneficiary	R45 000 per beneficiary
Breast Prosthesis			R3 000 per beneficiary every 2 years	R3 000 per beneficiary every 2 years	R3 000 per beneficiary every 2 years	R3 000 per beneficiary every 2 years	R3 000 per beneficiary every 2 years
Artificial eyes			R15 000 per beneficiary	R15 000 per beneficiary	R15 000 per beneficiary	R15 000 per beneficiary	R15 000 per beneficiary
Other			Payable from MSF	Payable from MSF	Payable from MSF and ATB limited to R12 000 per family	Payable from MSF and ATB limited to R16 800 per family	Limited to day-to-day benefit
	Subject to pre-authorisation and funding guidelines. The 2 year cycle applies from the last claim date and not from the beginning of a new financial year and applies irrespective of whether a member moves between SAVER Standard (Gold Saver 2013) and SAVER Select (Gold Saver Select 2013) or COMPLETE Standard (Titan 2013) and COMPLETE Select (Titan Select 2013).						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Radiology	100% of LMS Rate limited for specialised radiology incl MRI and CT scans to R24 200 per family	100% of LMS Rate limited for specialised radiology incl MRI and CT scans to R36 200 per family	100% of LMS Rate limited for specialised radiology incl MRI and CT scans to R24 200 per family	100% of LMS Rate limited for specialised radiology incl MRI and CT scans to R36 200 per family	100% of LMS Rate limited for both general and specialised radiology incl MRI and CT scans to R31 000 per family	100% of LMS Rate limited for specialised radiology incl MRI and CT scans to R37 900 per family	100% of LMS Rate limited for specialised radiology incl MRI and CT scans to R46 000 per family
	<p>Subject to the relevant managed healthcare programme. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for each of the following:</p> <ul style="list-style-type: none"> • Angiography • CT Colonography • CT Cardiac arteriography • Muga scans • MRI scans • Radio isotope studies <p>MRI or CT scans performed out of hospital, but which lead to an authorised hospital admission are included in this benefit. Bone density scans are limited to one per beneficiary per annum, in or out of hospital.</p>						
Dentistry	100% of LMS Rate limited to R8 900 per beneficiary R13 700 per family	200% of LMS Rate limited to R11 400 per beneficiary R16 100 per family	100% of LMS Rate limited to R8 900 per beneficiary R13 700 per family	200% of LMS Rate limited to R12 200 per beneficiary R17 000 per family	100% of LMS Rate unlimited	200% of LMS Rate limited to R12 200 per beneficiary R17 000 per family	200% of LMS Rate limited to R36 500 per beneficiary inclusive of any hospital account and day-to-day benefit
	<p>Subject to pre-authorisation and the relevant managed healthcare programme. The benefit applies in respect of elective procedures where general anaesthesia is required for dentistry on children under the age of 8 (limited to one admission per annum but limited to one admission every three years on COMPLETE Standard (Titan 2013) and COMPLETE Select (Titan Select 2013) Select), the removal of impacted wisdom teeth, apicectomies, removal of teeth and roots or exposure of teeth for orthodontic reasons. No limit applies in respect of dentistry required as a result of trauma. All cost relating to hospitalisation, anaesthetist, and the procedural costs are subject to the limits set out above.</p>						
Maxilla facial surgery	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	300% of LMS Rate
	<p>Subject to pre-authorisation and the relevant managed healthcare programme. Maxilla facial surgery required as a result of facial fractures, surgical removal of tumours and neoplasms and the surgical treatment of sepsis and congenital abnormalities in the case of children born into the Scheme.</p>						
Psychiatric Admissions	100% of LMS Rate limited to R16 900 per family	200% of LMS Rate limited to R22 200 per family	100% of LMS Rate limited to R16 950 per family	200% of LMS Rate limited to R24 000 per family	100% of LMS Rate limited to R19 800 per family	200% of LMS Rate limited to R24 000 per family	300% of LMS Rate for Psychiatrists and 200% of the LMS Rate for GPs limited to 21 days per beneficiary
	<p>Benefits are subject to pre-authorisation and the relevant managed healthcare programme. Limited to a maximum of three days per admission for beneficiaries admitted by a general practitioner. Psychiatric admissions include admissions for drug and alcohol rehabilitation.</p>						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Maternity Admissions	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	300% of LMS Rate for Specialists and 200% of LMS Rate for GPs
Pregnancy Ultrasounds	No benefit	No benefit	100% of LMS Rate limited to 3 ultra sound and 1 3D per pregnancy	100% of LMS Rate limited to 2 ultra sound per pregnancy	100% of LMS Rate limited to 2 ultra sound per pregnancy	100% of LMS Rate limited to 2 ultra sound per pregnancy	100% of LMS Rate limited to 2 ultra sound per pregnancy including one of which may be a 3D scan
Antenatal classes	No benefit						Limited to 6 classes per pregnancy
	<p>Subject to pre-authorisation and the relevant managed healthcare programme. Delivery by a general practitioner or medical specialists and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation. Benefits are limited to one admission per year and only in the event of an actual delivery. No benefit in respect of false labour. Where applicable this benefit shall include the cost of the water birth including the cost of hire of the birth bath, oxygen, medicine, dressings and materials supplied by a midwife. This benefit is applicable to a delivery by a midwife in lieu of hospitalisation. Post-natal midwife consultations are limited to four and payable from the MSF.</p>						
Blood, Blood Equivalents and Blood Products	100% of LMS Rate limited to R249 000 per beneficiary	100% of LMS Rate	100% of LMS Rate limited to R231 000 per beneficiary	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate	100% of LMS Rate
	Benefits in respect of blood equivalents are subject to pre-authorisation.						
Take Out Medication	100% of MMRP with a maximum of 7 day's supply limited to R1 845 per admission						100% of MMRP limited to R9 150 per beneficiary and R18 300 per family inclusive of day-to-day acute medication
ALTERNATIVES TO HOSPITALISATION							
Sub-acute and Physical Rehabilitation Facilities and Private Nursing	100% of LMS Rate limited to R16 950 per family	100% of LMS Rate limited to R22 150 per family	100% of LMS Rate limited to R16 950 per family	100% of LMS Rate limited to R24 000 per family	100% of LMS Rate limited to R18 300 per family	100% of LMS Rate limited to R24 000 per family	100% of LMS Rate limited to R34 200 per family
	Subject to pre-authorisation and relevant managed healthcare programme. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation. Nursing includes psychiatric nursing but not midwifery services.						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
ALTERNATIVES TO HOSPITALISATION							
Sub-acute and Physical Rehabilitation Facilities and Private Nursing	100% of LMS Rate limited to R16 950 per family	100% of LMS Rate limited to R22 150 per family	100% of LMS Rate limited to R16 950 per family	100% of LMS Rate limited to R24 000 per family	100% of LMS Rate limited to R18 300 per family	100% of LMS Rate limited to R24 000 per family	100% of LMS Rate limited to R34 200 per family
	Subject to pre-authorisation and relevant managed healthcare programme. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation. Nursing includes psychiatric nursing but not midwifery services.						
Hospice Services	100% of LMS Rate limited to R10 450 per beneficiary	100% of LMS Rate limited to R15 000 per beneficiary	100% of LMS Rate limited to R10 450 per beneficiary	100% of LMS Rate limited to R16 000 per beneficiary	100% of LMS Rate limited to R18 300 per family	100% of LMS Rate limited to R16 000 per beneficiary	100% of LMS Rate limited to R40 050 per beneficiary
	Subject to pre-authorisation and relevant managed healthcare programme. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation. Hospice services are inclusive of accommodation, medicine and consultations.						
Day Procedures	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	300% of LMS Rate for Specialists and 200% of LMS Rate for GPs
	Subject to pre-authorisation.						
Chronic Medicine	HOSPITAL Standard (Gold Focus 2013): 100% of MMRP unlimited subject to standard formulary. HOSPITAL Select (Gold Focus Select 2013): Unlimited if obtained from a state facility, otherwise subject to standard formulary and limited to 50% of MMRP	100% of MMRP unlimited subject to standard formulary	SAVER Standard (Gold Saver 2013): 100% of MMRP unlimited subject to standard formulary. SAVER Select (Gold Saver Select 2013): Unlimited if obtained from a state facility, otherwise subject to standard formulary and limited to 50% of MMRP	100% of MMRP unlimited subject to standard formulary	COMPLETE Standard (Titan 2013): 100% of MMRP unlimited subject to standard formulary. COMPLETE Select (Titan Select 2013): Unlimited if obtained from a state facility, otherwise subject to standard formulary and limited to 50% of MMRP	100% of MMRP limited to MO: R13 045 M1: R16 140 M2: R19 355 M3+: R22 325 with a sub-limit of R13 045 per beneficiary whereafter unlimited for PMB chronic conditions. Subject to extended formulary	100% of MMRP limited to R22 400 per beneficiary whereafter unlimited for PMB chronic conditions

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Chronic conditions	PMB Chronic Disease List	PMB Chronic Disease List	PMB Chronic Disease List and iro a child under the age of 21 the conditions listed in Annexure D, par 6.5.1	PMB Chronic Disease List	PMB Chronic Disease List	PMB Chronic Disease List and the conditions listed in Annexure D, par 6.5	PMB Chronic Disease List and the conditions listed in Annexure D, par 6.5 and par 6.5.1
Biological/ Specialised Drugs	No benefit	Subject to approval and 10% co-payment	No benefit	Subject to approval and 10% co-payment	No benefit	Subject to approval and 10% co-payment	Subject to approval and 10% co-payment
Dispensing Fees	The negotiated fee or a maximum of 26% of MMRP limited to R26 (excluding VAT).						
	Benefits are subject to the managed healthcare programme, provided that in respect of the HOSPITAL Select (Gold Focus Select 2013), SAVER Select (Gold Saver Select 2013) and COMPLETE Select (Titan Select 2013) Select options no limitations shall apply to medicines obtained from a state facility for the treatment of the chronic conditions provided such medicines are the same as the medicines available to any other state facility patient. Benefits in respect of a non-formulary medicine are limited to 50% of MMRP.						
HIV/Aids	All options other than HOSPITAL Select (Gold Focus Select 2013), SAVER Select (Gold Saver Select 2013) and COMPLETE Select (Titan Select 2013): 100% of LMS Rate, unlimited subject to pre-authorisation and the relevant managed healthcare programme, treatment protocols and medicine formularies. HOSPITAL Select (Gold Focus Select 2013), SAVER Select (Gold Saver Select 2013) and COMPLETE Select (Titan Select 2013): Subject to pre-authorisation, unlimited if obtained from a state facility provided that such treatment is the same as the treatment available to any other state facility patient, otherwise limited to 50% of the LMS Rate or MMRP.						
Oncology (Cancer)	100% of LMS Rate or MMRP limited to R208 600 per beneficiary	100% of LMS Rate or MMRP unlimited	100% of LMS Rate or MMRP limited to R268 900 per beneficiary	100% of LMS Rate or MMRP unlimited	100% of LMS Rate or MMRP limited to R286 250 per beneficiary	100% of LMS Rate or MMRP unlimited	100% of LMS Rate or MMRP unlimited
Biological/ Specialised drugs	No benefit	Subject to approval and 10% co-payent	No benefit	Subject to approval and 10% co-payment	No benefit	Subject to approval and 10% co-payment	Subject to approval
Dispensing Fees	The negotiated fee or a maximum of 26% of MMRP limited to R26 excluding VAT.						
Diagnostic sub-limit	R17 800 per beneficiary	R44 800 per beneficiary	R29 100 per beneficiary	R47 700 per beneficiary	R38 500 per beneficiary	48 000 per beneficiary	R57 000 per beneficiary
PET Scans	No benefit	1 per beneficiary subject to diagnostic sub-limit	No benefit	1 per beneficiary subject to diagnostic sub-limit	No benefit	1 per beneficiary subject to diagnostic sub-limit	All specialised radiology (including MRI/CT scans) is limited to the diagnostic sub-limit.

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Bone scans	Limited to one bone scan per beneficiary with bone metastases and subject to diagnostic sub-limit.						
Post active treatment	Included in benefit for a period of 12 months following the active treatment period.						
	Subject to pre-authorisation and relevant managed healthcare programme. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefits iro medicines obtained other than from the designated service provider are limited to 50% of MMRP. Specialised radiology including PET scan is subject to specific authorisation. PET scans only in an accredited specialist practices.						
Organ and Bone Marrow Transplants (including immuno-suppressants)	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	100% of LMS Rate	200% of LMS Rate	200% of LMS Rate
	Subject to pre-authorisation and relevant managed healthcare programme. Benefits apply only in respect of organ donor and bone marrow transplant procedures and searches conducted in South Africa. Organ donor procedures other than performed in a public a hospital are limited to R80 000 in respect of a live donor and R50 000 in respect of a cadaver donor if such live donor is not a beneficiary of the Scheme or such cadaver was not a beneficiary of the Scheme immediately prior to death. Live donor costs other than incurred in a public hospital or in respect of a donor who is a beneficiary of the Scheme are limited to treatment costs incurred during the first week following the donation. Imported corneas will be funded to a maximum of R26 700 only. Haemopoietic stem cell transplants are limited to allogeneic grafts and autologous grafts derived from the South African Bone Marrow Registry.						
Chronic and Peritoneal Dialysis	100% of LMS Rate limited to R137 500 per beneficiary	200% of LMS Rate limited to R294 500 per beneficiary	100% of LMS Rate limited to R245 500 per beneficiary	200% of LMS Rate limited to R392 000 per beneficiary	100% of LMS Rate limited to R261 500 per beneficiary	200% of LMS Rate limited to R392 000 per beneficiary	300% of LMS Rate for Specialists and 200% of LMS Rate for GPs
	Subject to pre-authorisation and relevant managed healthcare programme.						
ANNUALMSF, SPG AND THRESHOLD LEVEL AND ATB							
MSF Member Adult dependant Child dependant	Not Applicable	Not Applicable	R3 024 R2 472 R1 104	R2 700 R2 424 R 876	R3 720 R2 976 R1 008	R6 852 R5 088 R1 968	Not Applicable
SPG Member Adult dependant Child dependant	Not Applicable	Not Applicable	Not Applicable	Not Applicable	R1 519 R1 279 R 340	R2 270 R1 735 R 750	Not Applicable
Threshold Level Member Adult dependant Child dependant	Not Applicable	Not Applicable	Not Applicable	Not Applicable	R5 239 R4 255 R1 348	R9 122 R6 823 R2 718	Not Applicable
ATB Member Adult dependant Child dependant	Not Applicable	Not Applicable	Not Applicable	Not Applicable	R3 520 R2 070 R 900 (limited to 3 child dependants)	No Limit subject to sub-limits	Not Applicable

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)	
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	
DAY-TO-DAY BENEFITS								
Overall limit on day-to-day benefits	Not Applicable	Not Applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	
Acute Medicine (incl pharmacy advised therapy)	Self-funded	Self-funded	100% of MMRP subject to MSF	100% of MMRP subject to MSF	100% of MMRP subject to MSF and ATB	100% of MMRP subject to MSF and ATB limited to R7 400 per beneficiary and R15 100 per family iro all claims incl MSF &SPG	100% of MMRP limited to R9 000 per beneficiary and R18 100 per family inclusive of take out medication. Over the counter medication limited to R2 750 per family	
Dispensing fee	N/A	N/A	The negotiated fee or a maximum of 26% of MMRP limited to R26 (excluding VAT).					
	Benefits subject to the managed healthcare programme. Pharmacy advised therapy does not accumulate toward the threshold level.							
LM Network GPs	Self-funded	Self-funded	115% of LMS Rate subject to MSF	115% of LMS Rate subject to MSF	115% of LMS Rate subject to MSF and ATB	115% of LMS Rate subject to MSF and ATB	Not applicable	
Non-network GPs and Specialists	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF and ATB	100% of LMS Rate subject to MSF and ATB	300% of LMS Rate for Specialists and 200% of LMS Rate for GPs	
Out Patient Services	Self-funded	Self-funded	115% of LMS Rate subject to MSF	115% of LMS Rate subject to MSF	115% of LMS Rate subject to MSF and ATB	115% of LMS Rate subject to MSF and ATB	200% of LMS Rate	
Pathology	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF and ATB	100% of LMS Rate subject to MSF and ATB	100% of LMS Rate	
Radiology	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF and ATB	100% of LMS Rate subject to MSF and ATB unlimited iro basic but limited to 1 MRI or CT scan per beneficiary in ATB	100% of LMS Rate	

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Dentistry	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	Day-to-day extender benefit	100% of LMS Rate subject to MSF and ATB with advanced/ specialised dentistry limited to R10 410 per beneficiary and R15 930 per family iro all claims incl MSF & SPG	200% of LMS Rate limited to R36 500 per beneficiary inclusive of any in-hospital treatment and hospital account
	<p>Benefits are subject to the relevant managed healthcare programme.</p> <p>All general anaesthesia and conscious analgo sedation for dentistry, regardless of where it is performed, must be pre-authorised.</p> <p>Subject to pre-authorisation and the relevant managed healthcare programme, removal of impacted wisdom teeth performed in doctor's rooms shall be paid from the Hospital Benefit dentistry limit.</p> <p>Orthodontic treatment is subject to pre-authorisation and the relevant managed healthcare programme. Where treatment commences prior to entitlement to benefits, benefits will be calculated based on the original treatment plan and at the benefit rates applicable at that time.</p> <p>Advanced/ specialised dentistry includes services for inlays, crowns, bridges, mounted study models, metal base partial dentures, and the treatment by periodontists, prosthodontists and dental technician's fees for all such dentistry.</p>						
Optical	Self-funded	Self-funded	100% of MMRP subject to MSF	100% of MMRP subject to MSF	100% of LMS Rate subject to MSF and ATB limited to Consultation: R430 at PPN provider and R330 at non PPN provider Frames: R1 325 per beneficiary and R2 650 per family or Contact lenses: R2 110 per family iro all claims incl MSF & SPG	100% of LMS Rate subject to MSF and ATB limited to R3 485 per beneficiary and R8 880 per family and frames sub-limit of R1 375 per beneficiary iro all claims incl MSF & SPG	200% of LMS Rate limited to R4 800 per beneficiary and frames sub-limit of R2 700 per beneficiary
	<p>COMPLETE Standard (Titan 2013) and COMPLETE Select (Titan Select 2013) options:</p> <p>Benefit subject to use of designated service provider. One Eye examination, lenses and/or frames per beneficiary every 2 years. The 2 year cycle applies from the last claim date and not from the beginning of a new financial year and applies irrespective of whether a member moves from one option to the other.</p> <p>No contact lenses to children under the age of 16 years unless motivated. No single vision rx < 0.50 diopter will be paid or considered for payment. No bifocal/varifocal adds for less than 1 diopter will be paid or considered for payment.</p> <p>Bifocal/varifocal lenses for adults under the age of 40 years old must be motivated. No varifocals to children under age 18 years will be paid or considered for payment with the exception of post cataract surgery.</p> <p>Bifocals to be considered for children under the age of 18 years on motivation only.</p> <p>Motivations are required for composite consultations performed on children under the age of 5 years old.</p> <p>Vertical prism > 1 diopter should be motivated. All bifocal and multifocal claims are subject to the Validate It protocols.</p>						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Appliances	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF and ATB and sub-limits limited to R12 900 per family iro all claims incl MSF, SPG & ATB	100% of LMS Rate subject to MSF and ATB limited to R18 000 per family iro all claims incl MSF, SPG & ATB	100% of LMS Rate
	<p>Subject to funding guidelines. Wheel chairs are limited to one per beneficiary every 4 years and exclude motorised wheel chairs. Hearing aids are limited to one per ear per beneficiary every 2 years. The 4 year or 2 year cycles apply from the last claim date and not from the beginning of a new financial year and apply irrespective of whether a member moves between COMPLETE Standard (Titan 2013) and COMPLETE Select (Titan Select 2013).</p>						
Physiotherapist, chiropractor, homeopath, clinical or medical technologist, occupational therapist, chiropodist, podiatrist, orthoptist, speech therapist, audiologist, hearing aid acoustician, orthotist, prosthotist and dietician	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of MMRP subject to MSF	100% of MMRP subject to MSF and ATB	100% of LMS Rate subject to MSF or ATB limited to R11 750 per discipline and R21 400 per family iro all claims incl MSF & SPG	200% of LMS Rate limited to R21 400 per family
Mental Health	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF and ATB limited to R6 000 per family iro all claims incl MSF & SPG	100% of LMS Rate subject to MSF and ATB limited to R8 900 per family iro all claims incl MSF & SPG	200% of LMS Rate
Social Workers	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF and ATB limited to R5 350 per family iro all claims incl MSF & SPG	100% of LMS Rate subject to MSF and ATB limited to R7 000 per family iro all claims incl MSF & SPG	200% of LMS Rate

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Sick Bay at Frail Care Centre	Self-funded	Self-funded	100% of LMS Rate subject to MSF	100% of LMS Rate subject to MSF	Self-funded	100% of LMS Rate subject to MSF and ATB limited to R200 per day Accommodation R3 495 per family Dressings and ointments R3 600 per family iro all claims incl MSF & SPG	200% of LMS Rate
EXTENDER BENEFIT							
Network GP Consultations	No Benefit	No Benefit	115% of LMS Rate limited to two consultations per family	115% of LMS Rate limited to two consultations per family	115% of LMS Rate limited to two consultations per family	115% of LMS Rate limited to two consultations per family	No Benefit
	This benefit shall only apply should the Member have exhausted his day-to-day GP benefits or is in the SPG on the COMPLETE Standard (Titan 2013), COMPLETE Select (Titan Select 2013) or COMPLETE Plus options.						
MRI/CT Scans/ Radio-isotope scans	100% of LMS Rate subject to 2 MRI/CT scans and 1 radio isotope scan per family						100% of LMS Rate
Casualty	100% of LMS Rate limited to R1 535 per beneficiary Unlimited for physical injury						200% of LMS Rate subject to the overall-day-to-day benefit Unlimited for physical injury
	Included in Major Medical Benefit only on authorisation by the relevant managed healthcare programme within 48 hours (or first working day) following treatment for bona fide emergencies and physical injuries or wounds resulting from external force requiring immediate treatment. This benefit covers the facility fee, consultations, medications, radiology and pathology associated with admissions into the emergency room or casualty ward of a registered casualty facility. There are two components to this benefit: 1. Treatment in casualties after hours and away from home (subject to the limits set out above). 2. Physical injury (paid from unlimited overall benefit). Treatment in an emergency room or casualty ward that leads to pre-authorised hospitalisation will be covered from the hospital benefit.						
Dental (Applicable only in respect of the COMPLETE Standard (Titan 2013) and COMPLETE Standard (Titan 2013) Select options)	100% of LMS Rate Basic dentistry: No Limit. Motivation may be requested for extensive treatment plans. Crown & Bridges: 1 crown per family per year Plastic Dentures: 1 frame per beneficiary every 4 years or Metal-frame or Chrome Dentures: 1 frame per beneficiary every 5 years. The 4 year or 5 year cycles apply from the last claim date and not from the beginning of a new financial year. Orthodontics: Benefit on pre-authorisation, will be applied to cases assessed as severe, as per an orthodontic index. Benefit limited to individuals younger than 21 years of age. A 35% co-payment of the LMS Rate applies. Periodontics: Limited to preventative and maintenance therapy. For a detailed exclusion list refer to Annexure C, paragraph 4.1.						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Preventative Care	100% of LMS Rate or MMRP	100% of LMS Rate or MMRP	100% of LMS Rate or MMRP	100% of LMS Rate or MMRP	100% of LMS Rate or MMRP	100% of LMS Rate or MMRP	100% of LMS Rate or MMRP
Medical Report	No Benefit		On request by the Scheme				
Mammogram	1 per beneficiary, female > 40 every 2 years. The 2 year period applies irrespective of whether a member moves between HOSPITAL Standard (Gold Focus 2013) and HOSPITAL Select (Gold Focus Select 2013), SAVER Standard (Gold Saver 2013) and SAVER Select (Gold Saver Select 2013) or COMPLETE Standard (Titan 2013) and COMPLETE Select (Titan Select 2013).						
Pap Smear	1 per beneficiary, female 18 – 60						
Cholesterol test	1 per beneficiary, over age 16						
Blood Glucose	1 per beneficiary						
Childhood immunisations	At birth	BCG – upper arm Polio – drops per mouth					
	6, 10 and 18 Weeks	Polio – drops per mouth Diphtheria, Tetanus and Whooping Cough (DTP) – injection in thigh Hepatitis B – injection in thigh Hemophilus Influenza B (HIB) – injection in thigh					
	9 and 14 Months	Polio – drops per mouth Diphtheria, Tetanus and Whooping Cough (DTP) – injection in thigh Measles (measles or measles/mumps/rubella vaccinations) – injection in thigh					
	5 Years	Polio – drops per mouth Diphtheria, Tetanus – injection in thigh					
Flu vaccination	1 per beneficiary						
TB test	1 per beneficiary						
HIV test	1 per beneficiary						
Prostate test	1 per beneficiary, male > 45 every 3 years						
Bone density test	1 per beneficiary, female older than 50 every 3 years						
Chlamydia test	1 per beneficiary, female under 25						
Eye test:			1 per child under the age of 21				
Dental Check-up:			1 per child under the age of 21				
Crime Trauma	100% of LMS Rate or 100% of MMRP	200% of LMS Rate or 100% of MMRP	100% of LMS Rate or 100% of MMRP	200% of LMS Rate or 100% of MMRP	100% of LMS Rate or 100% of MMRP	200% of LMS Rate or 100% of MMRP	200% of LMS Rate or 100% of MMRP
HIV - Prophylaxis (Rape)	100% of LMS Rate or 100% of MMRP						

SERVICE	HOSPITAL Standard Select (Gold Focus/Select 2013)	HOSPITAL Plus (Platinum Focus 2013)	SAVER Standard Select (Gold Saver/Select 2013)	SAVER Plus (Platinum Saver 2013)	COMPLETE Standard Select (Titan /Select 2013)	COMPLETE Plus (Platinum Complete 2013)	TRADITIONAL Ultimate (Prestige 2013)
	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits	Benefits/ Limits
Psychologists, Psychiatrists and Social Workers	100% of LMS Rate limited to R3 085 per beneficiary	100% of LMS Rate limited to R4 230 per beneficiary	100% of LMS Rate limited to R3 375 per beneficiary	100% of LMS Rate limited to R4 230 per beneficiary	100% of LMS Rate limited to R3 885 per beneficiary	100% of LMS Rate limited to R4 230 per beneficiary	100% of LMS Rate limited to R5 650 per beneficiary
	<p>Subject to pre-authorisation and the relevant managed healthcare programme. The Crime Trauma Benefit is payable if any of the following, as defined in common law, have occurred:</p> <ul style="list-style-type: none"> • Hi-jacking or attempted hi-jacking; • Attempted murder; • Assault or attempted assault including sexual assault; • Rape or attempted rape; • Robbery (including armed robbery) or attempted robbery. <p>Such crime must have been perpetrated on the beneficiary and resulted in the need for counselling by a registered psychologist, psychiatrist or social worker due to the trauma associated with the crime. The crime must have been reported at a police station and a case number and the name of the police station must be disclosed when a claim is made. Benefits in respect of rape or sexual assault or attempted rape are subject to the relevant managed healthcare programme. The Crime Trauma Benefit must be accessed within a 12 month period from the date of the event.</p>						
HIV/Aids Prevention, needle-stick injuries and prevention of mother to child transmission	100% of LMS Rate unlimited subject to registration on the relevant managed healthcare programme, treatment protocols and medicine formularies						
MEDICAL RESCUE							
Emergency Transport Services	100% of Cost No Limit Emergency road and air transport within South Africa if obtained via ER24. No benefit in respect of unauthorised use of another provider unless a PMB in which case a 50% co-payment shall apply.						

This is a marketing overview and summary of the Liberty Medical Scheme, services and complementary products.

Every attempt has been made to ensure complete accuracy of this brochure. However, in the event of a conflict between this brochure and the registered Rules of the Scheme, the rules will prevail. E&OE

Subject to CMS approval