

LIBERTY MEDICAL SCHEME
COMPLETE OPTION 2016



The COMPLETE Option offers you a comprehensive solution for you and your family's day-to-day and major medical cover needs. It includes a Medical Savings Facility, as well as an Above Threshold Benefit should you experience higher than usual day-to-day medical costs.

COMPLETE Select members are able to manage their contributions by opting to use our Select Hospital Network and to obtain chronic medicines from the State. To ensure that you and your family are well covered for their childhood medical needs, we've added the following benefits to the entire COMPLETE Option for 2016:

- Cover for four additional chronic diseases for children under 21 years
- One dental check-up and one eye test for children under 21 years from the Preventative Care Benefit
- Cover for a private maternity ward and an additional ultrasound and 3D scan
- Two additional LMS GP Network consultations for children under 2 years of age paid from the Major Medical Benefit

You can find further details on all the 2016 benefits for the COMPLETE Option below.

What the COMPLETE option choices offer

	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Level of cover for GPs and Specialists	200% of LMS Rate	100% of LMS Rate	100% of LMS Rate
Hospital choice	Any	Any	Network
Chronic conditions covered	69 conditions including 27 Prescribed Minimum Benefit (PMB) conditions + an additional 4 chronic conditions for children < 21 years	27 PMB conditions + an additional 4 chronic conditions for children < 21 years	27 PMB conditions + an additional 4 chronic conditions for children < 21 years • Chronic medicines from State only
Day-to-day expenses	Covered from the Medical Savings Facility (MSF) and the Above Threshold Benefit (ATB)	Covered from the Medical Savings Facility (MSF) and the Above Threshold Benefit (ATB)	Covered from the Medical Savings Facility (MSF) and the Above Threshold Benefit (ATB)

Major Medical Benefits (MMBs)	Extender Benefits paid from MMBs	MSF, SPG, THL and ATB
a. Hospitalisation b. Oncology and Peritoneal dialysis c. Disease Management d. Chronic Disease Benefit (incl HIV/Aids) e. Maternity Benefit	a. Casualty Benefit b. Crime Trauma Benefit c. Preventative Care Benefit (PCB) d. Dentistry (except COMPLETE Plus where paid from MSF) e. LMS GP Network Consultations f. MRI/CT Scans (out-of-hospital)	a. Medical Savings Facility (MSF) b. Self-Payment Gap (SPG) c. Threshold Level (THL) d. Above Threshold Benefit (ATB) <ul style="list-style-type: none"> • COMPLETE Plus - Unlimited ATB (subject to sub-limits) • COMPLETE Standard and COMPLETE Select - Limited ATB

Prescribed Minimum Benefits (PMBs)

PMBs were introduced into the Medical Schemes Act to ensure that members of medical schemes would not run out of benefits for the treatment of certain conditions. PMBs therefore ensure continued quality care when you need it most.

As a result, monetary limits or benefit exclusions according to the COMPLETE Option benefit schedule will not apply provided the provisions of the Rules relating to the treatment of a PMB condition are met. In addition, any benefits that qualify as a PMB benefit will first be off-set against any applicable benefit limit set in terms of the Scheme Rules.

To help manage the cost of PMB treatment and to ensure you have access to specialist care when you need it, Liberty Medical Scheme has introduced the LMS Specialist Network. Please see page 4 for more detail.

Major Medical Benefits (MMBs)

a. Hospitalisation

The Hospital Benefit covers the cost of admissions to hospitals, and associated costs, e.g., consultations, pathology and radiology. These benefits are subject to pre-authorisation.

You can choose **any hospital and any GP or Specialist** (except when you are using a specialist on the LMS Specialist Network) if you have chosen COMPLETE Plus or COMPLETE Standard. COMPLETE Plus pays at 200% while COMPLETE Standard pays at 100% of the LMS Rate for GP or Specialist consultations and procedures.

Members on **COMPLETE Select** need to obtain services from the **Liberty Medical Scheme (LMS) Hospital Network**, providing cover at 100% of the LMS Rate.

Procedures and consultations are paid from the unlimited MMB, subject to clinical protocols and guidelines. COMPLETE Plus covers procedures and GP and Specialist consultations at 200% of the LMS Rate. COMPLETE Standard and COMPLETE Select provide this cover at 100% of the LMS Rate. Some doctors may charge more than this, so we encourage you to negotiate with your chosen doctor to ensure that you are informed beforehand of the rates that will be charged.

LMS also provides cover for **alternatives to hospitalisation**, e.g., if you are in need of terminal care or rehabilitation following an accident. Refer to the benefits for Rehabilitation and Private Nursing as well as Hospice Services on page 6. Although the COMPLETE option choices do not have an Overall Annual Limit (OAL), certain in-hospital benefits (e.g., psychiatry and dentistry) are limited.

Payment for **internal prostheses** (e.g., stents, pacemakers and hip replacements) is subject to pre-authorization, clinical protocols and sub-limits per prosthesis apply.

COMPLETE Standard and COMPLETE Select:

Co-payment: R7 750 for joint replacement, and spinal surgery. A R1600 co-payment will also apply for conservative spinal treatment.

COMPLETE Select:

Planned in-hospital treatment: should be done at a hospital or day clinic within the LMS Hospital and Day-Clinic Network. A R8 500 co-payment applies if a non-Network hospital or day-clinic is used for planned hospitalisation.

Emergencies: Any hospital.

Note ▶ Pre-authorization must be obtained at least 48 hours prior to a planned hospital admission. If pre-authorization is not obtained, claims will not be paid. Contact the LMS Call Centre on 0860 000 LMS / 567.

In the case of an emergency hospital admission, you should ask a friend or family member to call within two business days of admission to ensure that your claims are paid. Benefits for day procedures done in or out of hospital require pre-authorization and are subject to the relevant managed healthcare programme.

b. Oncology and Peritoneal Dialysis

The oncology and peritoneal dialysis services are subject to pre-authorization. Please contact the LMS Call Centre for pre-authorization.

c. Disease Management

This includes disease management programmes for diseases such as asthma, diabetes, cancer, epilepsy, HIV/Aids, etc. Members receive education, advice and support from registered healthcare professionals, as well as a review of the chronic medication currently being used.

d. Chronic Disease Benefit (including HIV/Aids)

Chronic conditions are often life threatening and should be treated by a team of dedicated healthcare professionals. The Medical Schemes Act also specifies a list of PMB conditions that must be covered without any limit by all medical schemes. This list is referred to as the Chronic Disease List (CDL) and includes 27 PMB conditions (see page 8).

COMPLETE Standard and COMPLETE Select thus provide cover for 31 conditions, including the 27 PMB conditions, while COMPLETE Plus covers 69 chronic conditions, including the 27 PMB conditions.

In accordance with legislation, medical schemes can use medicine formularies, designated or preferred service providers and specific treatment protocols to manage CDL conditions.

If you are a member on COMPLETE Standard or COMPLETE Plus, please ask your prescribing doctor to contact the LMS Call Centre to **pre-authorise your chronic medicines**, then use one of the pharmacies within the **LMS Pharmacy Preferred Provider Network (PPPN)**.

COMPLETE Select:

Chronic medicine is subject to the standard formulary and limited to 50% of the Generic Reference Pricing (GRP) if it is not obtained from a State facility. Approval of medication for chronic conditions is subject to pre-authorization from LMS. You need to consult with a GP/Specialist at a **State facility** to confirm your diagnosis. The script must include your membership number, patient's date of birth and ICD-10 code.

The script must include your membership number, date of birth and ICD-10 code. Email the script to LMS: chronicmed@libertyhealth.co.za for pre-authorization. Once pre-authorized, your chronic medication can be collected from a State facility.

The pharmacy at a State facility will not accept a script from your private practitioner but only from a doctor at the State facility.

Note ▶ This benefit is subject to pre-authorization. Your prescribing doctor must contact the LMS Call Centre on 0860 000 LMS / 567 to register you on the Chronic Disease Programme.

e. Maternity Benefit

All COMPLETE option choices offer 3 ultrasound scans and one 3D scan per pregnancy.

This benefit also covers:

- Delivery by a GP or medical specialist;
- Services of the attendant paediatrician and/or anaesthetist;
- Post-natal care by a GP and medical specialist, up to and including the six-week, post-natal consultation;
- Waterbirth *in lieu* of hospitalisation; and
- Delivery by a midwife *in lieu* of hospitalisation, and up to four post-natal consultations (paid from the MSF)

Extender Benefits paid from MMBs

a. Casualty Benefit

This benefit covers the facility fee, consultations, medication, radiology and pathology associated with admissions into the emergency room, casualty ward of a registered casualty facility or treatment in a doctor's room. This is for treatment of *bona fide* emergencies and physical injuries or wounds resulting from external force requiring immediate treatment.

There are two components to this benefit:

1. Treatment in casualty after hours and away from home (R1 720 per beneficiary per year).
2. Treatment in casualty for physical injury (unlimited).

Note ► Treatment in an emergency room or casualty ward that leads to pre-authorised hospitalisation will be covered from your hospitalisation benefit. Remember to contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorisation within 48 working hours of admission or, if it is a weekend or public holiday, on the next working day.

b. Crime Trauma Benefit

Medical expenses incurred as a result of the following events will be covered from this benefit:

- Hijacking and attempted hijacking
- Assault or attempted assault, including sexual assault
- Robbery (including armed robbery) or attempted robbery
- Attempted murder
- Rape or attempted rape

The Crime Trauma Benefit must be accessed within a 12-month period from the date of event. Such crimes must have been carried out on, or witnessed by the beneficiary.

Note ► To qualify for this benefit, the crime must have been reported at a police station. Contact the LMS Call Centre on 0860 000 LMS / 567 with the name of the police station and the case number to activate this benefit. This benefit is subject to pre-authorisation and the relevant managed healthcare programme.

c. Preventative Care Benefit (PCB)

This benefit focuses on the early detection of serious medical conditions. Everyone wants to stay healthy and LMS assists by paying for a variety of preventative annual screening and diagnostic tests, procedures and specific vaccines, e.g., mammogram, cholesterol test, prostate test, flu vaccinations and immunisations for babies and toddlers.

d. Dentistry (except COMPLETE Plus where dentistry is paid from the MSF)

COMPLETE Standard and COMPLETE Select have a dental benefit that has been uniquely designed to pay from the Extender Benefit and not from the MSF or the ATB. LMS has contracted with the Dental Risk Company (DRC) to provide dental management services. See page 11 for more information on the dentistry benefit.

Note ► Please contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorisation if a dental procedure coincides with a hospital admission.

e. LMS GP Network Consultations

We pay for two extra consultations per family at any LMS Network GP at 115% of the LMS Rate from the Major Medical Benefit when your Medical Savings Facility (MSF) is depleted or you are in the Self-Payment Gap (SPG). We also pay for two additional consultations for children under two years of age.

f. MRI/CT Scans (out-of-hospital)

LMS offers superior benefits by funding **two** out-of-hospital scans and **one** radio-isotope scan per family paid from the MMB. However, these may only be requested by a referring Specialist and are always subject to pre-authorisation whether done in or out of hospital.

Note ► Please contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorisation.

Medical Savings Facility, Self-Payment Gap, Threshold Level and Above Threshold Benefit

a. Medical Savings Facility (MSF)

Your annual MSF is granted upfront on 1 January each year. If you join later in the year, the amount will be pro-rated. Claims for the day-to-day medical expenses are funded at the LMS Rate from the MSF. The MSF that you do not use during the year will be carried over to the following year. If you resign during the year, the used portion of the advanced credit needs to be paid back to the Scheme. Interest is charged on a negative balance and earned on a positive balance.

b. Self-Payment Gap (SPG)

When your Savings are depleted, you pay your day-to-day expenses from your own pocket until you reach the Threshold Level (THL). Ensure that you submit all qualifying claims to LMS while you are in the SPG.

c. Threshold Level (THL)

The Threshold Level (THL) is the amount you need to reach before being able to claim from the Above Threshold Level (ATB). This amount is determined at the start of the benefit year and is based on the number of dependants that you have. Certain types of claims do not accumulate to the THL.

d. Above Threshold Benefit (ATB)

This is a 'safety-net' that provides cover for your day-to-day expenses once your Savings are depleted and your total day-to-day claims have reached your Threshold Level. The ATB is subject to certain benefit sub-limits.

For more information on your MSF, SPG, THL and ATB, please refer to your Membership Guide.

Note ► Once a sub-limit is reached (see MSF, SPG, THL and ATB table on page 9), following payment of claims from a specific category, no further benefits for that specific category will be paid from the ATB for the remainder of the year. This applies even if you have reached the ATB.

Specialist Network

Liberty Medical Scheme has introduced a Specialist Network to ensure you have access to Specialist care when you need it and to prevent you from having out-of-pocket expenses. We encourage you to make the most of the Specialist Network as we cover the full cost of your consultations. Should you visit a non-Network Specialist, you may have to pay extra. This is because we pay your Specialist consultation at the LMS Rate according to the Scheme Rules and your available benefits. If your Specialist charges more than the LMS Rate, you will need to pay the balance from your own pocket.

Note ► You can find an LMS Network Specialist by using the Lookup tab on the member login section of our website, www.libmed.co.za. Alternatively, email us at enquiries@libertyhealth.co.za or contact our Call Centre on 0860 000 LMS/567 for more information. You may use a non-Network Specialist in the case of an emergency or when there is no Network Specialist available in your area. Please see your Membership Guide for more information.

Please note that if you are a member on a Select option choice and require hospitalisation, you and your beneficiaries will need to visit a Network Specialist that works at a hospital or day clinic in the Select Hospital and Day-Clinic Network.

Emergency Transport Services

Emergency transport services are provided within the borders of South Africa by the Scheme's Designated Service Provider (DSP), **ER24**: Tel 084 124 or 0860 00 HELP / 4357.

International Care Programme

Please note as a member of COMPLETE Plus, COMPLETE Standard or COMPLETE Select, you qualify for the International Care Programme.

Note ► Please visit our website, www.libmed.co.za for more information.

Benefit Schedule

Major Medical Benefits (MMBs) Pre-authorization required			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Overall Annual Limit (OAL)	Unless otherwise indicated, no limits apply		
Hospitalisation*	<p>100% of LMS Rate subject to the following:</p> <p>Pre-authorization There is no benefit for admissions or treatments unless pre-authorized and subject to the relevant managed healthcare programme, treatment protocols or medicine formularies</p> <p>Network hospitals Beneficiaries on COMPLETE Select need to use 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) are subject to a co-payment of R8 500</p> <p>Private Ward Accomodation R1 900 per day for maternity confinements on all COMPLETE option choices subject to pre-authorization</p> <p>Day Procedures There is no benefit for day procedures performed in hospital unless pre-authorized and subject to the relevant managed healthcare programme</p> <p>Co-payments for COMPLETE Standard and COMPLETE Select only There is a co-payment of R7 750 on joint replacements and on spinal surgery and a R1 600 co-payment for conservative spinal treatment. However, there is no co-payment in the case of trauma-related surgery. Co-payments for a day procedure will not apply if performed in a doctor's room, attached theatre, day clinic or public hospital</p>		
GPs (in-hospital)	200% of LMS Rate		100% of LMS Rate
Specialists (in-hospital)^	200% of LMS Rate		100% of LMS Rate
Physiotherapist, Clinical Technologist, Occupational Therapist, Audiologist, Dietician and Speech Therapist	100% of LMS Rate Physiotherapy is excluded in respect of psychiatric admissions		
Pathology*	100% of LMS Rate		100% of LMS Rate R35 200 per family
Internal Prosthesis* Annual sub-limits apply per prosthetic type.	100% of LMS Rate subject to the annual sub-limits below		100% of LMS Rate limited to R50 000 per beneficiary subject to the annual 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		
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	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 per eye (post-cataract removal): R2 410		
Cochlear and auditory brain implants	No benefit		
Internal nerve stimulators	No benefit		
Unlisted internal prostheses	R 29 900		
External Prosthesis* Annual sub-limits apply per prosthetic type.	100% of LMS Rate Subject to pre-authorization and funding guidelines		
Artificial limbs	R45 000 per beneficiary		
Breast prosthesis	R3 000 per beneficiary every 2 years. The 2-year cycle applies from the last claim date and not the beginning of a new financial year. It applies irrespective of whether a member moves between COMPLETE Standard and COMPLETE Select		
Artificial eyes	R15 000 per beneficiary		
Other	Payable from MSF and ATB Limited to R17 800 per family		Payable from MSF and ATB Limited to R12 000 per family

Major Medical Benefits (MMBs) Pre-authorization required (continued)			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Radiology*	100% of LMS Rate		
	Limited for specialised radiology (including MRI/CT scans) to R40 200 per family	Limited for general and specialised radiology (including MRI/CT scans) to R32 900 per family	
	Subject to the relevant managed healthcare programme Bone density scans limited to one per beneficiary per year, in or out of hospital. You also need specific pre-authorisations for each of the following in addition to your hospitalisation pre-authorization: <ul style="list-style-type: none"> • Angiography • CT Cardiac Arteriography • MRI Scans • CT Colonography • Muga Scans • Radio Isotope Studies MRI or CT scans performed out of hospital, but which lead to a pre-authorized hospital admission are included in this benefit		
Dentistry*	200% of LMS Rate R13 700 per beneficiary R19 100 per family	100% of LMS Rate Unlimited	
	Subject to pre-authorization and the relevant managed healthcare programme		
	The benefit applies to elective procedures where general anaesthesia is required for extensive dentistry (more than 2 fillings) on children under the age of 8 (limited to one admission per annum but limited to one admission every three years on COMPLETE Standard and COMPLETE Select), the removal of impacted wisdom teeth, apicectomies, or exposure of teeth for orthodontic reasons No limit applies to dentistry required as a result of trauma All costs relating to hospitalisation, anaesthetist, and the procedural costs are subject to the limits set out above		
Maxillofacial Surgery*	200% of LMS Rate	100% of LMS Rate	
	Subject to pre-authorization and the relevant managed healthcare programme		
Psychiatric Admissions*	200% of LMS Rate R26 900 per family	100% of LMS Rate R22 300 per family	
	Subject to pre-authorization and the relevant managed healthcare programme		
	Psychiatric admissions include admissions for drug and alcohol rehabilitation. Physiotherapy is excluded for psychiatric admissions A maximum of 3 days per admission for beneficiaries admitted by a GP		
Maternity Admissions*	200% of LMS Rate	100% of LMS Rate	
	Subject to pre-authorization and the relevant managed healthcare programme		
	Includes delivery by a GP or medical specialists and services of the attendant paediatrician and/or anaesthetists. Post-natal care by a GP and medical specialist, up to and including the six-week post-natal consultation, is included in the global obstetric fee Where applicable, this benefit covers the cost of water birth including: hire of the birth bath, oxygen, medicine, dressings and materials supplied by a midwife. This benefit applies to delivery by a midwife <i>in lieu</i> of hospitalisation Benefits are for one admission per year and only in the event of an actual delivery. No benefit in respect of false labour		
Pregnancy ultrasound scans	100% of LMS Rate limited to 3 ultrasound scans and one 3D scan per pregnancy		
Antenatal classes	No benefit		
Blood, Blood Equivalents and Blood Products*	100% of LMS Rate Benefits for blood equivalents are subject to pre-authorization		
Take-out Medication	100% of Generic Reference Price (GRP) with a maximum of 7 days supply limited to R2 100 per admission		
Alternatives to Hospitalisation			
Sub Acute and Physical Rehabilitation Facilities and Private Nursing*	100% of LMS Rate R26 900 per family	100% of LMS Rate R20 600 per family	
	Subject to pre-authorization and the relevant managed healthcare programme Benefits for clinical procedures and treatment in an alternative facility will be subject to hospitalisation benefits Nursing includes psychiatric nursing but not midwifery services		
Hospice Services*	100% of Cost Subject to pre-authorization and the relevant managed healthcare programme Benefits for clinical procedures and treatment during a stay in an alternative facility will be subject to the same benefits that apply to hospitalisation Hospice services include accommodation, medicines and consultations		
Day Procedures*	200% of LMS Rate	100% of LMS Rate	

Chronic Disease Benefits			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Chronic Medication* (See page 8 for the list of 27 PMB chronic conditions covered)	100% of GRP limited to: M0: R14 600 M1: R18 100 M2: R21 700 M3+: R25 100 with a sub-limit of R14 600 per beneficiary whereafter unlimited for PMB chronic conditions Subject to extended formulary	100% GRP unlimited, subject to standard formulary	Unlimited if obtained from a State facility, otherwise subject to standard formulary and limited to 50% of GRP
Biological/ Specialised Drugs	Subject to pre-authorization, clinical protocols, registered Scheme Rules and a 10% co-payment	No benefit	
Dispensing Fees	The negotiated fee or a maximum of 26% of GRP limited to R28 (excluding VAT)		
	Benefits are subject to the relevant managed healthcare programme Benefits in respect of a non-formulary medicine are limited to 50% of GRP and the dispensing fee		
HIV/Aids (DSP: Pharmacy Direct)***	100% of LMS Rate Unlimited		Subject to pre-authorization 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 GRP and the dispensing fee. Includes 2 PCRs per beneficiary under the age of 18 months, per year to test for HIV
	Subject to pre-authorization, the relevant managed healthcare programme, and treatment protocols Voluntary use of a non-DSP will result in the benefit being limited to 50% of the LMS Rate or GRP. Includes 2 PCRs per beneficiary under the age of 18 months, per year to test for HIV		
Dispensing Fees	The negotiated fee or a maximum of 16% of GRP limited to R16 (excluding VAT)		
Oncology (Cancer)***	100% of LMS Rate or GRP – unlimited	100% of LMS Rate or GRP limited to R400 000 per beneficiary	
Biological / Specialised Drugs	Subject to pre-authorization, clinical protocols, registered Scheme Rules and a 10% co-payment	No benefit	
Dispensing Fees	The negotiated fee or a maximum of 15% of GRP limited to R15 (excluding VAT)		
Diagnostic Sub-limit	R 54 000 per beneficiary	R43 500 per beneficiary	
PET Scans	1 per beneficiary subject to diagnostic sub-limit	No benefit	
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 This includes oncology consultations, radiology and pathology		
	Subject to pre-authorization and the 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 Specialised radiology including PET scans is subject to specific authorisation PET scans are only covered if done in an accredited specialist practice		
PMB Solid Organ and Bone Marrow Transplants (including immuno-suppressants)*	100% of Cost if obtained from a DSP		
	Work-up and transplant subject to pre-authorization and the relevant managed healthcare programme Live donor costs, other than 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 Haemopoietic stem cell transplants are limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry		
Organ Transplants other than PMB Transplants(including immuno-suppressants)*	200% of LMS Rate	100% of LMS Rate	
	Work-up and transplant subject to pre-authorization and the relevant managed healthcare programme Benefits apply only in respect of organ donor procedures and searches conducted in South Africa provided that imported corneas will be funded to a maximum of R30 000 Organ donor procedure is covered only if both the recipient and donor are beneficiaries of the Scheme Haemopoietic stem cell transplants are limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry		

Chronic Disease Benefits (continued)			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Chronic and Peritoneal Dialysis*	200% of LMS Rate limited to R440 000 per beneficiary	100% of LMS Rate limited to R294 000 per beneficiary	
	Subject to pre-authorization and the relevant managed healthcare programme		
PMB conditions covered on all COMPLETE Option choices		Additional chronic conditions covered for COMPLETE Plus	
Addison's Disease		Alzheimer's Disease	Obsessive Compulsive Disorder
Asthma		Ankylosing Spondylitis	Obstructive/Reflux Nephropathy
Bipolar Mood Disorder		Anorexia Nervosa	Osteoporosis
Bronchiectasis		Barrett's Oesophagitis	Paget's Disease
Cardiac Failure		Bulimia Nervosa	Pancreatic Disease
Cardiomyopathy		Cerebrovascular	Panic Disorder
Chronic Obstructive Pulmonary Disease		Accident-Stroke	Paraplegia/Quadriplegia
<i>Emphysema</i>		Conn's Disease	Pemphigus
Chronic Renal Failure		Cushing's Disease	Peripheral Vascular Disease
Coronary Artery Disease		Deep Vein Thrombosis	Pituitary Adenomas
<i>Angina</i>		Delusional Disorders	Polyarteritis Nodosa
<i>Ischaemic Heart Disease</i>		Depression	Post-Traumatic Stress Disorder
Crohn's Disease		Dermatomyositis	Pulmonary Interstitial Fibrosis
Diabetes Insipidus		Generalised Anxiety Disorder	Systemic Sclerosis
Diabetes Mellitus Type 1		Huntington's Disease	Thromboangiitis Obliterans
Diabetes Mellitus Type 2		Hypoparathyroidism	Thrombocytopaenic Purpura
Dysrhythmias		Motor Neuron Disease	Tourette's Syndrome
<i>Cardiac Arrhythmias</i>		Muscular Dystrophy	Valvular Heart Disease
Epilepsy		Myasthenia Gravis	Zollinger-Ellison Syndrome
Glaucoma		Narcolepsy	
Haemophilia			
HIV/Aids			
Hyperlipidaemia			
<i>Hypercholesterolaemia</i>			
Hypertension			
Hypothyroidism			
Multiple Sclerosis			
Parkinson's Disease			
Rheumatoid Arthritis			
Schizophrenia			
Systemic Lupus Erythematosus			
<i>Discoid Lupus Erythematosus</i>			
Ulcerative Colitis			
Note:			
All conditions in <i>italics</i> are sub-conditions			
		Additional chronic conditions covered on all the COMPLETE option choices for children < 21 years	
		Allergic Rhinitis	
		Attention Deficit Disorder	
		Allergic Dermatitis/Eczema	
		Acne	

* Subject to pre-authorization and/or case management.

*** Subject to disease management pre-authorization.

▲ If you visit a Network Specialist, we will cover the full cost and you won't have to make payments from your own pocket. Members on the Select option choice will need to visit a Network Specialist who works at a hospital in the Select Hospital Network to avoid co-payments.

MSF, SPG, THL and ATB			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Medical Savings Facility (MSF)	Member: R8 796 Adult: R6 528 Child: R2 532	Member: R4 668 Adult: R3 744 Child: R1 260	
Self-Payment Gap (SPG)	Member: R2 010 Adult: R1 535 Child: R 675	Member: R1 425 Adult: R1 205 Child: R 305	
Threshold Level (THL) = MSF + SPG Accumulation to THL	Member: R10 806 Adult: R8 063 Child: R3 207	Member: R6 093 Adult: R4 949 Child: R1 565	
Above Threshold Benefit (ATB) (Benefits after THL reached)	No limit but subject to sub-limits	Member: R3 950 Adult: R2 330 Child: R 1 010 (Limited to 3 child dependants)	
Day-to-Day Benefits			
Overall limit on Day-to-day benefits	No Overall Annual Limit		
Acute Medicine (Including Pharmacy-Advised Therapy and Over-the-Counter Medicine)	100% of GRP subject to MSF and ATB limited to R8 300 per beneficiary and R17 000 per family for all claims including MSF & ATB	100% of GRP subject to MSF and ATB	
Pharmacy Advised Therapy/ Over-the-Counter Medicine	100% of GRP subject to MSF	100% of GRP subject to MSF	
Dispensing Fee	The negotiated fee or a maximum of 26% of GRP limited to R28 (excluding VAT)		
	Benefits subject to the managed healthcare programme Pharmacy Advised Therapy/Over-the-Counter Medicine does not accumulate toward the Threshold Level		
LMS Network GPs****	115% of LMS Rate subject to MSF and ATB		
Specialist and Non-network GPs^	100% of LMS Rate subject to MSF and ATB		
Out-Patient Services	100% of LMS Rate subject to MSF and ATB		
Pathology	100% of LMS Rate subject to MSF and ATB		
Radiology	100% of LMS Rate Subject to MSF and ATB Unlimited for basic radiology but limited to 1 MRI/CT scan per beneficiary in ATB	100% of LMS Rate subject to MSF and ATB	
Dentistry** (Basic and Specialised)	100% of LMS Rate subject to MSF and ATB Advanced/Specialised dentistry limited to R11 700 per beneficiary and R17 900 per family for all claims including MSF and SPG. Benefits are subject to the relevant managed healthcare programme All general anaesthesia and conscious analgo sedation for dentistry must be pre-authorized Removal of impacted wisdom teeth performed in a doctor's rooms is subject to pre-authorization and the relevant managed healthcare programme, and will be paid from the Hospital Benefit Dentistry limit Orthodontic treatment is subject to pre-authorization and the relevant managed healthcare programme Where treatment begins prior to entitlement to benefits, benefits are calculated based on the original treatment plan and at the benefit rates applicable at that time	Paid from the Extender Benefit and subject to management by the Dental Risk Company (DRC). Please see page 13 for more information <ul style="list-style-type: none"> • DRC Call Centre: 086 137 2343 or 012 741 5101 • Pre-authorisations email: auth@dentalrisk.com • Claim queries: claims@dentalrisk.com 	

** Subject to managed healthcare programme.

**** The LMS GP Network is the DSP for PMBs. Voluntary use of a non-DSP will result in the benefit being limited to 50% of the LMS Rate or the Generic Reference Price (GRP).

▲ If you visit a Network Specialist, we will cover the full cost and you won't have to make payments from your own pocket.

Members on the Select option choice will need to visit a Network Specialist who works at a hospital in the Select Hospital Network to avoid co-payments.

Day-to-Day Benefits – No Overall Annual Limit (continued)			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Dentistry** (cont'd) (Basic and Specialised)	Advanced/Specialised dentistry includes services for inlays, crowns, bridges, mounted study models, metal base partial dentures, and treatment fees by periodontists, prosthodontists, and dental technicians for all such dentistry		
Optical	<p>100% of LMS Rate subject to MSF and ATB limited to R3 900 per beneficiary and R10 000 per family and subject to the following sub-limits:</p> <p>Consultation: R490 at an optometrist in the Preferred Provider Negotiators (PPN) network and R370 at a non PPN provider</p> <p>Frames: R1 540 per beneficiary; and</p> <p>Lenses: clear single vision R185 per lens, clear bifocal R430 per lens, multifocal R750 per lens per beneficiary, or</p> <p>Contact lenses: R2 370 per family for all claims including MSF & SPG</p>	<p>100% of LMS Rate subject to MSF and ATB limited to:</p> <p>Consultation: R495 at an optometrist in the Preferred Provider Negotiators (PPN) Network and R370 at a non PPN provider</p> <p>Frames: R1 480 per beneficiary and R2 970 per family; and</p> <p>Lenses: clear single vision R185 per lens, clear bifocal R430 per lens, multifocal R750 per lens per beneficiary, or</p> <p>Contact lenses: R2 370 per family</p> <p>Limits apply to all claims including MSF & SPG</p>	
	<p>COMPLETE Plus, COMPLETE Standard and COMPLETE Select option choices:</p> <p>Benefit subject to use of the preferred service provider</p> <p>One eye examination, lenses and/or frames per beneficiary every 24 months for the COMPLETE Standard and COMPLETE Select option choices and 12 months for the COMPLETE Plus option choice. The 24- or 12-month 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>The benefit for frames can be used for lens enhancements if the old frame is re-used</p> <p>The following standard lens enhancements are allowed: Fixed tints up to 35% of the PPN tariff. Transitions will be paid up to the PPN PGX pricing</p> <p>No contact lenses for 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 for 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 process managed by the preferred provider</p>		
Appliances	<p>100% of LMS Rate subject to the MSF and ATB. Limited to R20 200 per family for all claims including MSF, SPG and ATB</p> <p>Subject to funding guidelines</p> <p>Wheelchairs: 1 per beneficiary, every 4 years excluding motorised wheelchairs</p> <p>Hearing aids: 1 per ear, per beneficiary every 2 years</p> <p>The 4-year or 2-year cycles apply from the last claim date and not from the beginning of a new financial year</p> <p>They apply even when a member moves between COMPLETE Standard and COMPLETE Select</p>	<p>100% of LMS Rate subject to the MSF and ATB. Limited to a sub-limit of R14 500 per family for all claims including MSF, SPG and ATB</p>	
Physiotherapist, Chiropractor, Clinical or Medical Technologist, Occupational Therapist, Chiropodist, Podiatrist, Orthoptist, Biokineticist, Speech Therapist, Audiologist, Hearing Aid Acoustician, Orthotist, Prosthotist and Dietician	<p>100% of LMS Rate subject to MSF or ATB limited to R13 300 per discipline and R24 100 per family for all claims including MSF and SPG</p>	<p>100% of LMS Rate subject to MSF or ATB</p>	
Mental Health	<p>100% of LMS Rate subject to MSF and ATB</p> <p>Limited to R10 000 per family for all claims including MSF and SPG</p>	<p>100% of LMS Rate subject to MSF and ATB</p> <p>Limited to R6 800 per family for all claims including MSF and SPG</p>	
Post-natal midwife consultations	<p>100% of LMS Rate subject to MSF and ATB limited to four consultations on all claims including MSF & SPG</p>	<p>100% of LMS Rate subject to MSF and ATB limited to four consultations on all claims including MSF & SPG</p>	
Social Workers	<p>100% of LMS Rate subject to MSF and ATB</p> <p>Limited to R7 800 per family for all claims including MSF and SPG.</p>	<p>100% of LMS Rate subject to MSF and ATB</p> <p>Limited to R6 000 per family for all claims including MSF and SPG</p>	

* Subject to pre-authorisation and/or case management.

** Subject to managed healthcare programme.

Extender Benefits			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
LMS GP Network Consultations	115% of LMS Rate Limited to 2 consultations per family This benefit applies once the MSF is exhausted or you are in the SPG This benefit also includes two additional consultations for children under two years of age		
MRI/CT Scans/Radio-isotope Scans*	100% of LMS Rate subject to 2 MRI/CT scans and 1 radio isotope scan per family However, these may only be requested by a referring Specialist and are always subject to pre-authorisation whether done in or out of hospital		
Casualty Benefit*	100% of LMS Rate limited to R1 720 per beneficiary Unlimited for physical injury		
	Included in the Major Medical Benefit only on authorisation by the relevant managed healthcare programme within 48 hours (or first working day) following treatment for <i>bona fide</i> 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, casualty ward of a registered casualty facility, or treatment in a doctor's room There are two components to this benefit: 1. Treatment in casualty after hours and away from home (subject to the limits set out above) 2. Physical injury (paid from the unlimited overall benefit) Treatment in an emergency room or casualty ward that leads to pre-authorized hospitalisation will be covered from the hospital benefit		
Dentistry (COMPLETE Standard and COMPLETE Select)	Not applicable	100% of LMS Rate Basic dentistry: No Limit. Motivation and pre-authorisation may be requested for extensive treatment plans Crowns & bridges: 1 crown per family per year Plastic dentures: 1 frame per beneficiary every 4 years Metal frames: 1 partial upper or lower metal-frame denture per beneficiary every 5 years. Full metal frames are excluded 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. 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. A 35% co-payment of the LMS Rate applies Periodontics: Limited to preventative and maintenance therapy. Benefits are subject to Dental Clinical Protocols	
HIV/Aids Prevention, Needlestick 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		
Crime Trauma Benefit*	See below for sub-categories, related Rates and limits that apply		
Psychologists, Psychiatrists and Social Workers	100% of LMS Rate limited to R4 500 per beneficiary	100% of LMS Rate limited to R4 100 per beneficiary	
	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: <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. Such crime must have been carried out on or witnessed by 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		
HIV prophylaxis (rape)	100% of LMS Rate or 100% of GRP		
Preventative Care Benefits	100% of LMS Rate or GRP		
Medical Report	On request by the Scheme		
Mammogram	1 per female beneficiary > 40 every 2 years. The 2-year period applies irrespective of whether a member moves between COMPLETE Standard and COMPLETE Select		
Pap Smear	1 per year per beneficiary, female 18 – 60 1 liquid-based pap smear every 3 years If you have a liquid-based pap smear, the Scheme will not cover a normal pap smear in the same year		

Extender Benefits (continued)			
Benefit	COMPLETE Plus	COMPLETE Standard	COMPLETE Select
Chlamydia Test	1 per female beneficiary < 25 years		
Cholesterol Test	1 per beneficiary > 16 years		
Blood Glucose Test	1 per beneficiary		
TB Test	1 per beneficiary		
HIV Test	1 per beneficiary		
Prostate Test	1 per male beneficiary > 45 every 3 years		
Bone Density Test	1 per female beneficiary > 50 every 3 years		
Flu Vaccination	1 per beneficiary		
Pneumococcal Vaccine	1 per beneficiary, covered for elderly beneficiaries (65 years and older) and at risk beneficiaries (younger than 65 years with co-morbidities).		
Eye Test	1 per child under the age of 21	1 per child under the age of 21	
Dental Check-up	1 per child under the age of 21	1 per child under the age of 21	
Childhood Immunisations	At birth	BCG Oral Polio Vaccine	
	6 Weeks*	Oral Polio Vaccine Diphtheria, Tetanus and Whooping Cough Polio Vaccine Haemophilus Influenzae B Hepatitis B Pneumococcal Conjugated Vaccine Rotavirus Vaccine	
	10 Weeks*	Diphtheria, Tetanus and Whooping Cough Polio Vaccine Haemophilus Influenzae B Hepatitis B	
	14 Weeks*	Diphtheria, Tetanus and Whooping Cough Polio Vaccine Haemophilus Influenzae B Hepatitis B Pneumococcal Conjugated Vaccine Rotavirus Vaccine	
	9 Months	Measles (measles or measles/mumps/rubella (MMR) vaccinations) Pneumococcal Conjugated Vaccine	
	18 Months*	Measles Diphtheria, Tetanus and Whooping Cough Polio Vaccine Haemophilus Influenzae B	
	6 Years	Tetanus Diphtheria, reduced strength	
	* The Diphtheria, Tetanus and Whooping Cough, Polio, Haemophilus Influenzae B and Hepatitis B vaccines may be administered as a 6-in-1 combined preparation (e.g. Hexaxim).		

* Subject to pre-authorisation and/or case management

** Subject to managed healthcare programme.

Medical Rescue	
Emergency Transport Services	100% of Cost No Limit Emergency road and air transport within South Africa if obtained via ER24

Monthly Contributions			
	Principal Member	Adult Dependand	Child Dependand
COMPLETE Plus	R4 889	R3 632	R1 410
COMPLETE Standard	R2 598	R2 081	R 705
COMPLETE Select	R2 108	R1 688	R 571

Contact Information

Liberty Medical Scheme

Private Bag X3
Century City
7446

LMS Call Centre

0860 000 LMS / 567
www.libmed.co.za

Emergency Transport Services

084 124 or 0860 00HELP / 4357

Contact details for the Council for Medical Schemes (CMS)

According to the Council for Medical Schemes (CMS), any complaints about your medical scheme should first be lodged with the scheme. Should all efforts fail to resolve an issue with your scheme, you can submit your complaint to the CMS Complaints Unit using the following details:

Customer Care Centre: 0861 123 267 - Fax: 012 431 0608 - E-mail: complaints@medicalschemes.com

Postal address: Private Bag X34, Hatfield, 0028 - Website: <https://www.medicalschemes.com/>

We also encourage you to seek financial advice about your healthcare cover at any time by speaking to your financial adviser.

Disclaimer

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