

LIBERTY MEDICAL SCHEME
HOSPITAL OPTION 2016



The HOSPITAL Option is for you if you're looking for comprehensive cover for hospital-related events but want the flexibility to manage your day-to-day medical costs yourself.

HOSPITAL Select members are able to manage their contributions by opting to use our Select Hospital Network and to obtain chronic medicines from the State. In addition, you get an added layer of cover through our Extender Benefits which pay from the Major Medical Benefit rather than your own pocket.

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

What the HOSPITAL option choices offer

	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Level of cover for GPs and Specialists	Up to 200% of LMS Rate	Up to 100% of LMS Rate	Up to 100% of LMS Rate
Hospital choice	Any	Any	Network
Chronic conditions covered	27 Prescribed Minimum Benefit (PMB) conditions	27 PMB conditions	27 PMB conditions Chronic medicines from State
Day-to-day expenses	Self-funded	Self-funded	Self-funded

Major Medical Benefits (MMBs)	Extender Benefits paid from MMBs
<ul style="list-style-type: none"> a. Hospitalisation b. Oncology and Dialysis c. Disease Management d. Chronic Disease Benefit (incl HIV/Aids) e. Maternity Benefit 	<ul style="list-style-type: none"> a. Casualty Benefit b. Crime Trauma Benefit c. Preventative Care Benefit (PCB) d. MRI/CT Scans (out-of-hospital)

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 HOSPITAL 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 or GP if you've chosen HOSPITAL Plus or HOSPITAL Standard. HOSPITAL Plus pays at 200% while HOSPITAL Standard pays at 100% of the LMS Rate.

Members on HOSPITAL Select need to obtain services from a **Liberty Medical Scheme (LMS) Select Hospital Network**, providing cover at 100% of the LMS Rate. Any planned admission to a hospital outside the LMS Network (or Designated Service Provider (DSP) in the case of a PMB condition) is subject to a co-payment of R8 500.

Procedures and consultations are paid from the unlimited MMB, subject to clinical protocols and guidelines. HOSPITAL Plus covers procedures and GP and Specialist consultations at 200% of the LMS Rate. HOSPITAL Standard and HOSPITAL 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. Please refer to the benefits for Rehabilitation and Private Nursing, as well as Hospice Services, on page 8.

Although the HOSPITAL option choices do not have an **Overall Annual Limit (OAL)**, certain in-hospital benefits (e.g., psychiatry and dentistry) are subject to sub-limits.

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

Co-payments: Please see page 6 for any relevant co-payments that apply.

Emergencies: Any hospital.

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

In the case of 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 hospital require pre-authorisation and are subject to the relevant managed healthcare programme.

b. Oncology and Dialysis

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

c. Disease Management

This includes programmes for diseases such as asthma, diabetes, cancer, epilepsy, HIV/Aids, etc. Members receive education, advice and support from registered healthcare professionals, and 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 specifies a list of Prescribed Minimum Benefit (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 9) . All HOSPITAL option choices provide cover for the 27 PMBs.

Legislation allows for medical schemes to use medicine formularies, designated or preferred service providers and specific treatment protocols to manage CDL conditions.

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

Note ▶ The list of preferred pharmacies may change from time to time. For an up-to-date list, please visit www.libmed.co.za or contact the LMS Call Centre on 0860 000 LMS / 567.

HOSPITAL Select:

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

Email the script to LMS: chronicmed@libertyhealth.co.za for pre-authorisation. Once pre-authorised, 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-authorisation. Your prescribing doctor must contact the LMS Call Centre on 0860 000 LMS / 567 to register you on the relevant managed healthcare programme, for example, the Chronic Disease Programme.

e. Maternity Benefit

This benefit also includes:

- 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

Extender Benefits paid from MMBs

a. Casualty Benefit

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. This is for treatment of *bona fide* emergencies and physical injuries or wounds resulting from external force requiring immediate treatment or treatment in the doctor's surgery.

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-authorized hospitalisation will be covered from your hospitalisation benefit. Remember to contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorization within 48 working hours of admission or, if it is a weekend or public holiday, on the next working day. If not pre-authorized, payment will be from your own pocket.

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 crime must have been carried out on, or witnessed by the beneficiary.

Note ▶

To qualify for this benefit, the crime must have been reported at the 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-authorization 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. 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 benefit. However, these may only be requested by a referring Specialist and are always subject to pre-authorization whether done in- or out-of hospital.

Note ▶

Please contact the LMS Call Centre on 0860 000 LMS / 567 for pre-authorization.

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 clicking on the Lookup tab once you log in to your membership profile on 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

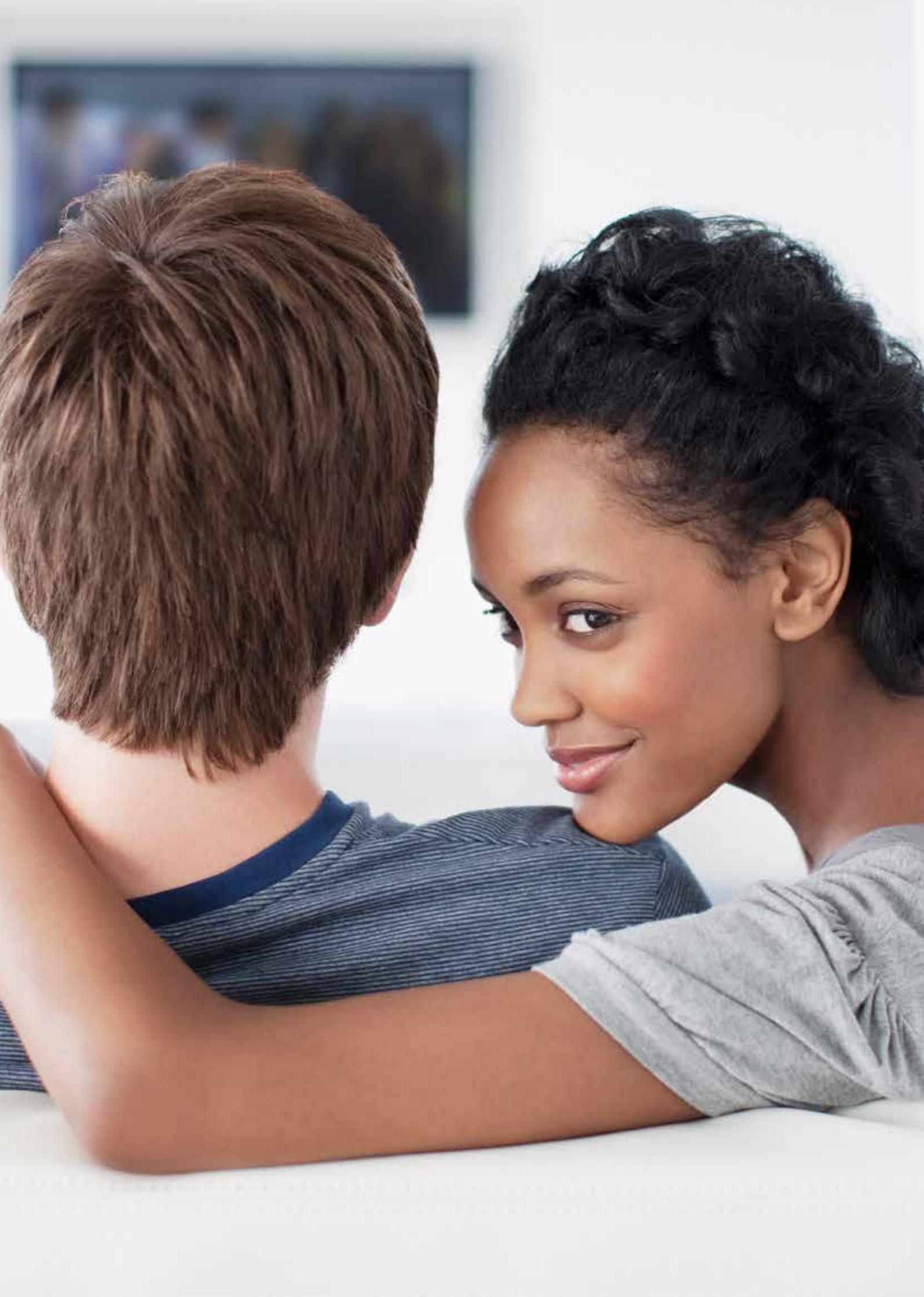
Emergency transport services are provided within the borders of South Africa by the Scheme's Designated Service Provider (DSP), **ER24**: Tel 084 124 or 0860 00 HELP / 4357.

International Care Programme

Please note as a member of HOSPITAL Plus, HOSPITAL Standard or HOSPITAL 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	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Overall Annual Limit (OAL)	Unless otherwise indicated, no limits apply		
Hospitalisation*	100% of LMS Rate subject to the following: Pre-authorization No benefits are payable in respect of admissions or treatments unless pre-authorized and subject to the relevant managed healthcare programme, treatment protocols or medicine formularies Network hospitals Beneficiaries on HOSPITAL Select 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) will be subject to a co-payment of R8 500 Day Procedures No benefit for day procedures performed in-hospital unless pre-authorized and subject to the relevant managed healthcare programme		
Co-payments	Co-payments below that relate to day procedures will not apply if performed in a doctor's room, attached theatre, day-clinic or public hospital		
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, diagnostic cystoscopy		R1 700	
Removal of wisdom teeth, conservative spinal treatment, needle aspiration of joint, bursa or ganglion		R1 700	
Arthroscopy, laparoscopy, hysteroscopy and endometrial ablation		R4 100	
Functional nasal procedures, hysterectomy (non-cancer related).		R4 100	
Joint replacements	R9 600	Benefits only for qualifying PMB treatment	
Spinal surgery		R7 750	
Nissen fundoplication (reflux surgery)		R7 750	
	In the event of multiple procedures in a single day, only the higher co-payment applicable to any such procedure is payable. No co-payment will apply for trauma-related surgery		
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 Subject to pre-authorization and the relevant managed healthcare programme		
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 sub-limits that follow No benefit applies for joint replacements unless qualifying as a PMB condition	
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	

Major Medical Benefits (MMBs) Pre-authorization required (continued)			
Benefit	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
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	No limit for qualifying PMB treatment	
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		
Unlisted internal prostheses	R 29 900 Subject to pre-authorization and the relevant managed healthcare programme		
External Prosthesis	Self-funded		
Radiology*	100% of LMS Rate Limited for specialised radiology including MRI and CT scans to R38 400 per family	100% of LMS Rate Limited for specialised radiology including MRI and CT scans to R25 700 per family.	
	Subject to the relevant managed healthcare programme Specific pre-authorisations are required in addition to any pre-authorization that may have been obtained for hospitalisation, for each of the following: <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 Bone density scans are limited to 1 per beneficiary per annum, in or out of hospital		
Dentistry*	200% of LMS Rate Limited to R12 800 per beneficiary, R18 100 per family	100% of LMS Rate Limited to R10 000 per beneficiary, R15 400 per family	
	<ul style="list-style-type: none"> • Subject to pre-authorization and the relevant managed healthcare programme • The benefit applies to elective procedures where general anaesthetic is required for extensive dentistry (more than 2 fillings) on children < 8 years (limited to 1 admission per annum), 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, the anaesthetist, and the procedural costs are subject to the limits given above 		
Maxillofacial Surgery*	200% of LMS Rate	100% of LMS Rate	
	<ul style="list-style-type: none"> • Subject to pre-authorization and the relevant managed healthcare programme • Cover is for maxillofacial 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 		
Psychiatric Admissions*	200% of LMS Rate Limited to R24 900 per family	100% of LMS Rate Limited to R19 100 per family	
	<ul style="list-style-type: none"> • Benefits are subject to pre-authorization and the relevant managed healthcare programme • Limited to a maximum of three days per admission for beneficiaries admitted by a GP • Psychiatric admissions include admissions for drug and alcohol rehabilitation • Physiotherapy is excluded for psychiatric admissions 		
Maternity Admissions*	200% of LMS Rate	100% of LMS Rate	
Pregnancy ultrasound scans	No benefit		
Antenatal classes	No benefit		
Blood, Blood Equivalents and Blood Products*	100% of LMS Rate	100% of LMS Rate limited to R280 000 per beneficiary	
	Benefits in respect of 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		

Major Medical Benefits (MMBs) Pre-authorisation required (continued)			
Benefit	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Alternatives to Hospitalisation			
Sub Acute and Physical Rehabilitation Facilities and Private Nursing*	100% of LMS Rate limited to R24 900 per family	100% of LMS Rate limited to R19 100 per family	
	<ul style="list-style-type: none"> Subject to pre-authorisation 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. Nursing includes psychiatric nursing but not midwifery services 		
Hospice Services*	100% of Cost <ul style="list-style-type: none"> Benefits only for qualifying PMB treatment Subject to pre-authorisation 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, medicine and consultations 		
Day Procedures*	200% of LMS Rate	100% of LMS Rate	
	Subject to pre-authorisation		

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

*** Subject to disease management pre-authorisation.

▲ 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.

Chronic Disease Benefits			
Benefit	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Chronic Medication* (See page 9 for the list of 27 PMB chronic conditions covered)	100% of 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-authorisation, 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)		
	<ul style="list-style-type: none"> Benefits are subject to the managed healthcare programme, except for HOSPITAL Select where no limitations apply to medicines obtained from a State facility for the treatment of chronic conditions provided these medicines are the same as the medicines available to any other State facility patient Benefits for non-formulary medicine are limited to 50% of GRP and the dispensing fee 		
HIV/Aids (DSP for HOSPITAL Plus and HOSPITAL Standard is Pharmacy Direct)***	100% of LMS Rate	100% of LMS Rate	
	Unlimited subject to pre-authorisation, the relevant managed healthcare programme and treatment protocols	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 GRP and the dispensing fee	
Dispensing Fees	Includes 2 PCRs per year per beneficiary under the age of 18 months to test for HIV infections		
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 R234 000 per beneficiary	
Biological/ Specialised Drugs	Subject to pre-authorisation, 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 50 400 per beneficiary	R20 000 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		

Chronic Disease Benefits (continued)			
Benefit	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
Post-active Treatment	Included in benefit for a period of 12 months following the active treatment period This includes oncology consultations, radiology and pathology		
	<ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme • Treatment for long-term chronic conditions that may develop due to chemotherapy and radiotherapy is not included in this benefit • Specialised radiology including PET scan is subject to specific authorisation • PET scans only in an accredited specialist practice 		
PMB Solid Organ and Bone Marrow Transplants (including immunosuppressants)*	100% of Cost if obtained from a DSP		
	Work-up and transplant subject to pre-authorisation 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-authorisation 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 and Peritoneal Dialysis*	200% of LMS Rate limited to R331 000 per beneficiary	100% of LMS Rate limited to R154 500 per beneficiary	
	Subject to pre-authorisation and the relevant managed healthcare programme		
PMB conditions covered on all HOSPITAL option choices			
Addison's Disease		<i>Cardiac Arrhythmias</i>	
Asthma		<i>Epilepsy</i>	
Bipolar Mood Disorder		<i>Glaucoma</i>	
Bronchiectasis		<i>Haemophilia</i>	
Cardiac Failure		<i>HIV/Aids</i>	
Cardiomyopathy		<i>Hyperlipidaemia</i>	
Chronic Obstructive Pulmonary Disease		<i>Hypercholesterolaemia</i>	
<i>Emphysema</i>		<i>Hypertension</i>	
Chronic Renal Failure		<i>Hypothyroidism</i>	
Coronary Artery Disease		<i>Multiple Sclerosis</i>	
<i>Angina</i>		<i>Parkinson's Disease</i>	
<i>Ischaemic Heart Disease</i>		<i>Rheumatoid Arthritis</i>	
Crohn's Disease		<i>Schizophrenia</i>	
Diabetes Insipidus		<i>Systemic Lupus Erythematosus</i>	
Diabetes Mellitus Type 1		<i>Discoïd Lupus Erythematosus</i>	
Diabetes Mellitus Type 2		<i>Ulcerative Colitis</i>	
Dysrhythmias			
Note: All conditions in <i>italics</i> are sub-conditions			

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

*** Subject to disease management pre-authorisation.

Extender Benefits				
Benefit	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select	
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 pre-authorisation by the relevant managed healthcare programme within 48 hours (or the 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 to 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			
Preventative Care Benefits	100% of LMS Rate or GRP			
Mammogram	1 per female beneficiary > 40 years every 2 years. The 2-year period applies irrespective of whether a member moves between HOSPITAL Standard and HOSPITAL 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			
Cholesterol Test	1 per beneficiary > 16 years			
Chlamydia Test	1 per female beneficiary < 25 years			
Blood Glucose Test	1 per beneficiary			
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 vaccine, Haemophilus Influenzae B and Hepatitis B vaccines may be administered as a 6-in-1 combined preparation (e.g. Hexaxim)		
	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)			

Extender Benefits (continued)			
Benefit	HOSPITAL Plus	HOSPITAL Standard	HOSPITAL Select
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		
Chlamydia Test	1 per female beneficiary < 25 years		
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 R3 250 per beneficiary	
	Subject to pre-authorization and the relevant managed healthcare programme		
	<p>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 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</p> <p>Benefits in respect of rape or sexual assault or attempted rape are subject to the relevant managed healthcare programme</p> <p>The Crime Trauma Benefit must be accessed within a 12-month period from the date of the event</p>		
HIV Prophylaxis (Rape)	100% of LMS Rate or 100% of GRP		

* Subject to pre-authorization 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 Dependant	Child Dependant
HOSPITAL Plus	R2 343	R2 108	R 758
HOSPITAL Standard	R1 488	R1 255	R 566
HOSPITAL Select	R1 246	R1 050	R 474



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

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©

Liberty Group Ltd is an Authorised Financial Services Provider in terms of the FAIS Act (no 2409).