

LIBERTY MEDICAL SCHEME
SAVER OPTION 2016



The SAVER Option is ideal for young families. It offers you major medical cover, a Medical Savings Facility for day-to-day medical costs, as well as an additional layer of cover through our Extender Benefits, uniquely designed to pay for those unexpected day-to-day costs from your Major Medical Benefits rather than your Savings.

SAVER Select members are able to manage their contributions by opting to use our Select Hospital Network and to obtain chronic medicines from the State. If you're a parent of a little one, we know how important it is to see your GP regularly and to have benefits to help you manage these costs. We've included the following benefits for 2016 to help you do just that. These include:

- Two additional LMS GP Network consultations for children below 2 years of age, paid from your Major Medical Benefit helping your Savings to last longer.
- Four additional chronic diseases, for children below 21 years on SAVER Plus to align it to the benefits on SAVER Standard and SAVER Select.

You can find further details on all our 2016 benefits below.

What the SAVER option choices offer

	SAVER Plus	SAVER Standard	SAVER Select
Level of cover for GPs and Specialists	Up to 200% of LMS Rate (in-hospital treatment only)	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 plus an additional 4 chronic conditions for children < 21 years	27 PMB conditions plus an additional 4 chronic conditions for children < 21 years	27 PMB conditions plus an additional 4 chronic conditions for children < 21 years Chronic medication from State only
Day-to-day expenses	Covered from the Medical Savings Facility (MSF)	Covered from the Medical Savings Facility (MSF)	Covered from the Medical Savings Facility (MSF)

Major Medical Benefits (MMBs)	Extender Benefits paid from MMBs	Day-to-Day Benefits
a. Hospitalisation b. Oncology and 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 d. LMS GP Network Consultations e. MRI/CT Scans (out-of-hospital)	Medical Savings Facility (MSF)

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 SAVER 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, including hospitalisation and associated costs, e.g., consultations, pathology and radiology. These benefits are subject to pre-authorization.

You can choose any hospital, and any GP if you have chosen SAVER Plus or SAVER Standard. SAVER Plus pays at 200% while SAVER Standard pays at 100% of the LMS Rate for GP consultations and procedures.

Members on SAVER 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.

Private ward accommodation for maternity admissions is covered at R1 900 per day on all SAVER options authorised on medical grounds and confinements only.

Procedures and consultations are paid from the unlimited MMB, subject to clinical protocols and guidelines.

SAVER Plus covers procedures and GP and Specialist consultations at 200% of the LMS Rate. SAVER Standard and SAVER 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. See the benefits for Rehabilitation and Private Nursing as well as Hospice Services on page 8. These benefits are subject to pre-authorisation.

Although the SAVER option choices don't 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 the tables on page 6 for any relevant co-payments that may 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 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-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 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 9).

All SAVER option choices provide cover for the 27 PMB conditions, as well as another four chronic conditions for children below the age of 21 (see page 9).

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 SAVER Standard or SAVER 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)**.

SAVER Select:

Chronic medicine is subject to the standard formulary and limited to 50% of the Generic Reference Pricing (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

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

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
- 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, 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 for *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 (R 1700 per beneficiary per year)
2. Treatment in casualty for physical injury (unlimited)

Treatment in an emergency room or casualty ward that leads to pre-authorized hospitalisation will be covered from your hospitalisation benefit.

Note ▶

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 is subject to availability of funds in the MSF.

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. 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. We also pay for two additional consultations for children under two years of age

e. 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-authorization whether done in or out of hospital.

Note ▶

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

Day-to-day benefits

These benefits provide cover for visits to your GP or Specialist, routine medication, dentistry, optometry, X-rays, blood tests, etc.

Medical Savings Facility (MSF)

This benefit provides cover for the following day-to-day medical costs from your Medical Savings Facility (MSF):

- GP or Specialist consultations
- Dentistry
- General radiology
- External appliances, e.g., wheelchairs, hearing aids, etc.
- Auxiliary services, e.g., physiotherapy, audiology, homeopathy, chiropractors, etc.
- Routine medication
- Optometry
- Pathology
- Mental health

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.

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 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 SAVER Plus, SAVER Standard and SAVER 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	SAVER Plus	SAVER Standard
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 SAVER 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 SAVER 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 Please see below for the list of co-payments that apply to certain procedures. There is no co-payment in the case of trauma-related surgery. Co-payments that relate to a day procedure will not apply if performed in a doctor's room, attached theatre, day clinic or public hospital</p>	
Co-payments 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
	Benefits are subject to pre-authorization and the relevant managed healthcare programme. 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 be applicable in the event of a trauma related event. No co-payment will be applicable if performed in a doctor's room, attached theatre or day clinic	
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	<p>100% of LMS Rate</p> <p>Physiotherapy is excluded in respect of psychiatric admissions</p>	
Pathology*	<p>100% of LMS Rate</p> <p>Benefits are subject to pre-authorization and the relevant managed healthcare programme</p>	
Internal Prosthesis* Annual sub-limits apply per prosthetic type.	100% of LMS Rate subject to the annual sub-limits below	<p>100% of LMS Rate limited to R50 000 per beneficiary subject to the sub-limits that follow</p> <p>No benefit applies for joint replacements unless qualifying as a PMB condition</p>
Cardiac system	<p>Cardiac pacemakers: R47 000</p> <p>Cardiac stents (including the carrier): R40 300</p> <p>Cardiac valves: R37 200</p>	
Central nervous system	<p>Neuro-stimulation/ablation devices for Parkinson's: R44 600</p> <p>Vagal stimulator for intractable epilepsy: R37 200</p>	

Major Medical Benefits (MMBs) Pre-authorisation required (continued)			
Benefit	SAVER Plus	SAVER Standard	SAVER Select
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	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		
Cochlear and auditory brain implants	No benefit		
Internal nerve stimulators	No benefit		
Unlisted internal prosthesis	R 29 900 subject to pre-authorisation and the relevant managed healthcare programme		
External Prosthesis* Annual sub-limits apply per prosthetic type.	100% of LMS Rate Benefits are subject to pre-authorisation and the relevant managed healthcare programme Subject to pre-authorisation 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 SAVER Standard and SAVER Select		
Artificial eyes	R15 000 per beneficiary		
Other	Payable from MSF		
Radiology*	100% of LMS Rate		
	Limited for specialised radiology (including MRI/CT scans) to R38 400 per family	Limited for specialised radiology (including MRI/CT scans) to R25 700 per family	
	Benefits are subject to pre-authorisation and 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-authorisation: <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-authorised hospital admission are included in this benefit		
Dentistry*	200% of LMS Rate Limited to R13 700 per beneficiary, R19 100 per family	100% of LMS Rate Limited to R10 000 per beneficiary, R15 400 per family	
	Benefits are subject to pre-authorisation and the relevant managed healthcare programme Applies to elective procedures requiring general anaesthetic for extensive dentistry (more than 2 fillings) on children < 8 years (limited to one admission per year), the removal of impacted wisdom teeth, apicectomies, or exposure of teeth for orthodontic reasons All costs relating to hospitalisation, anaesthetist, and the procedural costs are subject to the limits set out above		
Trauma related	Unlimited		
Maxillofacial Surgery*	200% of LMS Rate	100% of LMS Rate	
	Benefits are subject to pre-authorisation and the relevant managed healthcare programme Benefits apply to maxillofacial surgery required due to 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 R26 900 per family	100% of LMS Rate Limited to R19 100 per family	
	Benefits are subject to pre-authorisation 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		

Major Medical Benefits (MMBs) Pre-authorization required (continued)			
Benefit	SAVER Plus	SAVER Standard	SAVER Select
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 specialist and 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 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 per pregnancy		
Antenatal classes	No benefit		
Blood, Blood Equivalents and Blood Products*	100% of LMS Rate	100% of LMS Rate Limited to R260 000 per beneficiary	
	Benefits for blood equivalents are subject to pre-authorization		
Take-out Medication	100% of 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 R19 100 per family	
	Benefits are 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		
	Benefits are subject to pre-authorization and the relevant managed healthcare programme. Benefits only for qualifying PMB treatment		
	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	SAVER Plus	SAVER Standard	SAVER 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 and provided that chronic medicines are the same as the medicines available to any other State facility patient.
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
	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		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
Dispensing Fees	The negotiated fee or a maximum of 16% of GRP limited to R16 (excluding VAT)		

Chronic Disease Benefits (continued)			
PMB conditions covered on all SAVER option choices		Additional chronic conditions covered on the SAVER option choices for children under the age of 21	
Addison's Disease	Dysrhythmias	Allergic Rhinitis	
Asthma	<i>Cardiac Arrhythmias</i>	Attention Deficit Disorder	
Bipolar Mood Disorder	Epilepsy	Allergic Dermatitis/Eczema	
Bronchiectasis	Glaucoma	Acne	
Cardiac Failure	Haemophilia		
Cardiomyopathy	HIV/Aids		
Chronic Obstructive Pulmonary Disease	Hyperlipidaemia		
<i>Emphysema</i>	<i>Hypercholesterolaemia</i>		
Chronic Renal Failure	Hypertension		
Coronary Artery Disease	Hypothyroidism		
<i>Angina</i>	Multiple Sclerosis		
<i>Ischaemic Heart Disease</i>	Parkinson's Disease		
Crohn's Disease	Rheumatoid Arthritis		
Diabetes Insipidus	Schizophrenia		
Diabetes Mellitus Type 1	Systemic Lupus Erythematosus		
Diabetes Mellitus Type 2	<i>Discoid Lupus Erythematosus</i>		
	Ulcerative Colitis		
Note: All conditions in <i>italics</i> are sub-conditions			
Benefit	SAVER Plus	SAVER Standard	SAVER Select
Oncology (Cancer)***	100% of LMS Rate or GRP Unlimited	100% of LMS Rate or GRP limited to R302 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 54 000 per beneficiary	R32 600 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-authorisation 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 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 R440 000 per beneficiary	100% of LMS Rate limited to R276 000 per beneficiary	
	Subject to pre-authorisation and the relevant managed healthcare programme		

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

** Subject to managed healthcare programme.

*** 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.

Medical Savings Facility (MSF)			
Benefit	SAVER Plus	SAVER Standard	SAVER Select
Medical Savings Facility (MSF)	Member: R3 456 Adult: R3 108 Child: R1 116	Member: R3 540 Adult: R2 904 Child: R1 308	
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	100% of GRP subject to MSF	
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		
LMS Network GPs****	115% of LMS Rate subject to MSF		
Specialists and Non-network GPs^	100% of LMS Rate subject to MSF		
Out-Patient Services	100% of LMS Rate subject to MSF		
Pathology	100% of LMS Rate subject to MSF		
Radiology	100% of LMS Rate subject to MSF		
Dentistry** (Basic and Specialised)	100% of LMS Rate subject to MSF		
	Benefits subject to the relevant managed healthcare programme All general anaesthesia and conscious analgo sedation for dentistry must be pre-authorized, regardless of where it is performed 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 Advanced/ specialised dentistry includes services for inlays, crowns, bridges, mounted study models, metal base partial dentures, and treatment by periodontists, prosthodontists, and dental technician's fees for all such dentistry		
Optical	100% of LMS Rate subject to MSF		
Appliances	100% of LMS Rate subject to MSF. Subject to funding guidelines Wheelchairs: 1 per beneficiary every 4 years excluding motorised wheelchairs Hearing aids: 1 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, irrespective of whether a member moves between SAVER Standard and SAVER Select		
Physiotherapist, Chiropractor, Clinical or Medical Technologist, Occupational Therapist, Chiropodist, Podiatrist, Orthoptist, Biokineticist, Speech Therapist, Audiologist, Hearing Aid Acoustician, Orthotist, Prosthotist and Dietician	100% of LMS Rate subject to MSF		
Mental Health	100% of LMS Rate subject to MSF		
Post-natal Midwife Consultations	100% of LMS Rate subject to MSF. Limited to four consultations		
Social Workers	100% of LMS Rate subject to MSF		

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

** 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 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.

Extender Benefits			
Benefit	SAVER Plus	SAVER Standard	SAVER Select
LMS GP Network Consultations	115% of LMS Rate Limited to 2 consultations per family This benefit applies once the MSF is exhausted 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 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-authorised hospitalisation will be covered from the hospital benefit		
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 SAVER Standard and SAVER 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, 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		

Extender Benefits (continued)			
Benefit	SAVER Plus	SAVER Standard	SAVER Select
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	Subject to MSF	1 per child < 21 years	
Dental Check Up	Subject to MSF	1 per child < 21 years	
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		
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 600 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. <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-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 the borders of South Africa if obtained via ER24

Monthly Contributions			
	Principal Member	Adult Dependant	Child Dependant
SAVER Plus	R2 886	R2 595	R 936
SAVER Standard	R1 972	R1 617	R 728
SAVER Select	R1 580	R1 297	R 583

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©

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