

LIBERTY MEDICAL SCHEME
TRADITIONAL STANDARD 2016



LIBERTY



TRADITIONAL Standard offers young people and families peace of mind by providing essential medical cover at an affordable price.

By joining TRADITIONAL Standard, you will have access to day-to-day benefits by using the CareCross Provider Network of GPs, specialists, dentists and pharmacists etc. You will also enjoy access to any private hospital subject to the Overall Annual Limit.

We've increased the Overall Annual Limit for 2016 to R1 260 000 per family. You can find further details on the various benefit categories below.

What TRADITIONAL Standard covers

Level of cover for GPs and Specialists	100% of Network Rate
Network provider	CareCross
Hospital choice	Any
Chronic conditions covered	27 Prescribed Minimum Benefit (PMB) conditions
Day-to-day expenses	Overall Annual Limit (OAL)

Hospital Benefits	Primary Care Benefits	Out-of-Hospital Benefits
<ul style="list-style-type: none"> • Hospitalisation • Internal and External Prosthesis • Organ Transplants • Chronic Disease Benefits • Oncology and Renal Dialysis • HIV/Aids Prevention and Medication • Emergency Transport Services • Day Procedures 	<ul style="list-style-type: none"> • GP Consultations • Minor Procedures • Acute Medication • Pharmacy Advised Therapy (PAT) • Immunisations • Radiology and Pathology • Optometry • Dentistry 	<ul style="list-style-type: none"> • Specialist Benefit • Radiology Benefit • Out-of-Network/Emergency Visits

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 TRADITIONAL Standard 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.

Hospital Benefits – Managed by CareCross



Hospitalisation (Subject to Overall Annual Limit)

The Hospital Benefit on TRADITIONAL Standard is limited to an Overall Annual Limit (OAL) of R1 260 000 per family. TRADITIONAL Standard provides **cover for admissions to private hospitals**, including the hospital and associated costs such as consultations, pathology and radiology. You can choose any hospital and must obtain pre-authorisation before you are admitted.

GP and Specialist consultation and procedure costs will be covered up to the LMS Rate subject to the use of a contracted CareCross GP and referral, where applicable, by the contracted GP to a CareCross Network Specialist. Some doctors may charge more, so please discuss and agree to these costs with your provider upfront.

TRADITIONAL Standard also provides cover for **alternatives to hospitalisation**, such as terminal care, or physical rehabilitation following an accident. We have listed the benefits for Rehabilitation and Private Nursing as well as Hospice Services in this guide to assist you. See page 4.

Joint replacements and spinal surgery are covered only if qualifying as PMB treatment.

Day procedures are covered subject to pre-authorisation and the relevant managed healthcare programme.

Note ▶ Pre-authorisation must be obtained at least 48 hours before a planned hospital admission. If pre-authorisation is not obtained, claims will not be paid. 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. Contact the CareCross Call Centre on 0860 103 491.



Co-payments

A co-payment (where you need to contribute to the cost) of R850 will apply to all procedures performed endoscopically (see page 4). The following are examples of procedures for which a co-payment will apply: gastroscopy, colonoscopy, sigmoidoscopy, cystoscopy, etc.



Internal and External Prostheses

Subject to pre-authorisation and the relevant managed healthcare programme. Benefits (including spinal/back surgery and joint replacements) only apply to qualifying PMB treatment. Please contact CareCross on 0860 103 491.



Organ Transplants

Subject to pre-authorisation and the relevant managed healthcare programme. Benefits only apply to qualifying PMB treatment. Please contact CareCross on 0860 103 491.



Chronic Disease Benefits

Approval of chronic medication for the PMB Chronic Disease List (see page 5) is subject to the Network chronic formulary, prescription and supply by a Network GP or pharmacy. Please contact CareCross on 0860 103 491 for chronic medication enquiries and approval.



Oncology and Renal Dialysis (Subject to Overall Annual Limit)

Pre-authorisation is required and benefits are subject to approval by the Scheme before you start treatment. Please contact CareCross on 0860 103 491.



HIV/AIDS Prevention and Medication

HIV/AIDS can be managed very effectively through early diagnosis and an effective treatment plan. This benefit is subject to pre-authorisation and registration with the relevant HIV Management Programme. Please contact CareCross on 0860 103 491.



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.

Primary Care Benefits – CareCross



GP Consultations

TRADITIONAL Standard provides 15 consultations per family, limited to 6 per beneficiary, obtained from a Network GP. No benefits apply for any consultation after the 6th or 15th consultation respectively, unless from a nominated Network GP and pre-authorised as part of a treatment plan, subject to the CareCross Network protocols.



Minor Procedures in Rooms

You are covered for the following diagnostic and minor surgical procedures done at your Network GP's rooms.

Minor surgical treatments such as:	Pre- and post-natal care
<ul style="list-style-type: none"> • Stitching of wounds • Removal of a foreign body • Excision, repair and drainage of a subcutaneous abscess and avulsion of a nail • Limb casts • Clamp circumcision 	Supervision of uncomplicated pregnancy up to week 20 This includes two, 2D sonar scans



Acute Medication

TRADITIONAL Standard members enjoy an unlimited Acute Medicine benefit, subject to the Network Provider formulary. Medication must be prescribed and dispensed by a Network GP and / or a Network pharmacy



Pharmacy Advised Therapy (PAT)

Members also enjoy access to Pharmacy Advised Therapy for schedule 1 and 2 over-the-counter medicines. Payment is at 100% of the Generic Reference Price (GRP) limited to R75 per script and a maximum of R225 per family.



Childhood Immunisations

A number of childhood immunisations are covered on the TRADITIONAL Standard option choice. These include immunisations against polio, whooping cough, measles, mumps, rubella and others. For a full list of childhood immunisations covered, please see page 7 of this brochure. This service is available at Well-Baby Clinics and at Network pharmacies.



Radiology and Pathology

Your Network GP will refer you to the correct healthcare providers. A radiology and pathology formulary (or prescribed list) applies.



Optometry

Spectacles or contact lenses are covered subject to use of a Network optometrist, and Network protocols (prescribed benefit list).



Dentistry

Dental services must be obtained from a Network Dentist. This benefit includes primary care, e.g., consultations, fillings, scaling and polishing. In an emergency, pain relief, removal of nerves and primary extractions (removal of teeth) may be done. There is no benefit for root canal treatment, crowns, dentures or other advanced dentistry.

Note ▶ If you need to visit a Network provider, simply:

- contact the CareCross Call Centre on 0860 103 491 for assistance, or
- visit the website, www.carecross.co.za to find a list of Network doctors, dentists, optometrists and pharmacies in your area.

Out-of-Hospital Benefits – Managed by CareCross

Note ▶ This benefit provides cover that you may need outside of the hospital. Contact CareCross on 0860 103 491 for pre-authorisation.



Specialist Benefit

Specialist services are subject to referral by a Network GP to a Network Specialist or other Scheme-approved Specialist and pre-authorisation. Please see page 8 for the Specialist Referral process. Acute medication and pathology prescribed by a Specialist is also paid from this benefit. Chronic medication prescribed by a Network Specialist must be dispensed by a Network pharmacy.



Radiology Requested by a Specialist

Provides cover for out-of-hospital radiology including MRI and CT scans, mammograms and bone density tests, if prescribed by a Network Specialist, and is subject to pre-authorisation and available limits.



GP Out-of-Network /Emergency Visits

Since you will not always be able to consult a Network GP for an after-hours emergency, or when you are out of town on holiday, TRADITIONAL Standard provides an additional benefit for these events. The Out-of-Network Benefit has an annual limit of 3 GP visits per family and an overall cost of R1 200.

You will, however, need to pay for the treatment and services you receive outside the Network and then claim the money back from CareCross. These claims will be refunded at the Network negotiated rate.

Hospital Benefits									
Overall Annual Limit (OAL)	R1 260 000 per family The Overall Annual Limit includes all sub-limits								
Hospitalisation*	100% of LMS Rate <ul style="list-style-type: none"> No benefits for hospitalisation unless the treatment for which you are admitted qualifies for benefits. Subject to pre-authorisation and the relevant managed healthcare programme. A co-payment of R850 applies to all procedures performed endoscopically including but not limited to: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, hysteroscopy, laparoscopy, proctoscopy and sigmoidoscopy. No benefit for day procedures unless pre-authorised and subject to the relevant managed healthcare programme. Hospitalisation for joint replacements and spinal surgery covered only if qualifying as PMB treatment. 								
GPs and Specialists*	100% of LMS Rate <ul style="list-style-type: none"> Specialist treatment is subject to pre-authorisation and referral to the Specialist by a Network GP. Benefits for services obtained from non-network GPs and Specialists are limited to 50% of the LMS Rate. 								
Physiotherapist, Occupational Therapist, Clinical Technologist	100% of LMS Rate Subject to pre-authorisation								
Allied and Support Health Professionals other than the above	100% of Cost - unlimited Benefits only for qualifying PMB treatment								
Pathology	100% of LMS Rate Limited to R26 100 per family								
Internal and External Prostheses*	100% of Cost Overall limit of R45 000 per beneficiary The following sub-limits apply: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Partial Hip R20 000</td> <td style="width: 50%;">Cardiac Stents R45 000</td> </tr> <tr> <td>Total Hip R30 000</td> <td>Grafts R28 000</td> </tr> <tr> <td>Total Knee R30 000</td> <td>Cardiac Valves R30 000</td> </tr> <tr> <td>Shoulder R30 000</td> <td>Non-specified R15 000</td> </tr> </table> Subject to pre-authorisation and the relevant managed healthcare programme. Benefits (including spinal/back surgery and joint replacements) only in respect of qualifying PMB treatment	Partial Hip R20 000	Cardiac Stents R45 000	Total Hip R30 000	Grafts R28 000	Total Knee R30 000	Cardiac Valves R30 000	Shoulder R30 000	Non-specified R15 000
Partial Hip R20 000	Cardiac Stents R45 000								
Total Hip R30 000	Grafts R28 000								
Total Knee R30 000	Cardiac Valves R30 000								
Shoulder R30 000	Non-specified R15 000								
Radiology* (including MRI and CT scans)	100% of LMS Rate Limited to R26 100 per family for general and specialised radiology <ul style="list-style-type: none"> MRI and CT scans are subject to pre-authorisation Angiography is subject to being ordered by a Specialist Self-referred radiology is not covered 								
Maternity Confinement*	100% of LMS Rate Subject to pre-authorisation and the relevant managed healthcare programme. No benefits for elective caesarean deliveries except where the beneficiary is registered on the HIV Management Programme								
Neonatal Treatment*	100% of Cost - unlimited Subject to pre-authorisation and the relevant managed healthcare programme. Benefits only for qualifying PMB treatment								
Dentistry*	100% of Cost - unlimited <ul style="list-style-type: none"> Benefits only for qualifying PMB treatment Subject to pre-authorisation and the relevant managed healthcare programme Dentistry on children under 8 years of age 100% of LMS Rate Subject to pre-authorisation and admission limited to one admission every 3 years 								
Maxillofacial surgery*	100% of Cost - unlimited <ul style="list-style-type: none"> Benefits only for qualifying PMB treatment Subject to pre-authorisation and the relevant managed healthcare programme 								
Psychiatric Admissions*	100% of Cost - unlimited <ul style="list-style-type: none"> Benefits only for qualifying PMB treatment Subject to pre-authorisation and the relevant managed healthcare programme 								
Blood, Blood Equivalents and Blood Products*	100% of LMS Rate Benefits for blood equivalents are subject to pre-authorisation								
Take Out Medication	100% of the Generic Reference Price (GRP) Limited to a maximum of 7 days' supply limited to R2 100 per admission								
Alternatives to Hospitalisation									
Sub-Acute Facilities, Physical Rehabilitation Facilities and Private Nursing*	100% of LMS Rate <ul style="list-style-type: none"> Limited to R17 500 per family Subject to pre-authorisation and the relevant managed healthcare programme 								

Hospital Benefits (continued)	
Alternatives to Hospitalisation (continued)	
Hospice*	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 • Hospice services include accommodation, medicines and consultations
Day Procedures*	100% of LMS Rate Subject to pre-authorisation and the relevant managed healthcare programme

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

Chronic Disease Benefits	
Chronic Medication for Prescribed Minimum Benefit (PMB) Conditions*	100% of GRP – unlimited <ul style="list-style-type: none"> • Subject to the Network treatment protocols and medicine formulary • Only medication prescribed by a Network GP or Specialist will be covered • Medicine to be supplied by the Network as arranged with the beneficiary or provider • Benefits limited to 50% of GRP if medicines are obtained other than from the designated service providers
HIV/Aids***	100% of Network Rate – unlimited <ul style="list-style-type: none"> • Subject to the use of the Network GP and pre-authorisation and registration on the relevant managed healthcare programme • Benefits limited to 50% of the LMS Rate or GRP if services or medicines are not obtained from the designated service providers
Oncology (Cancer)***	100% of LMS Rate or GRP <ul style="list-style-type: none"> • R190 000 per family • Subject to pre-authorisation and the relevant managed healthcare programme • Benefits limited to 50% of the LMS Rate or GRP if services or medicines are not obtained from the designated service providers
Chronic and Peritoneal Dialysis*	100% of LMS Rate R190 000 per family Subject to pre-authorisation and the relevant managed healthcare programme
Organ and Bone Marrow Transplants* (including Immuno-suppressants)	100% of Cost – unlimited <ul style="list-style-type: none"> • Subject to pre-authorisation and the relevant managed healthcare programme • Benefits only for qualifying PMB treatment • Benefits apply only to organ donor and bone marrow transplant procedures and searches done in SA. Live donor costs, other than incurred in a public hospital or in the case of a donor who is a beneficiary of the Scheme, are limited to treatment costs incurred in the first week after donation. Haemopoietic stem cell transplants are limited to allogeneic grafts and autologous grafts derived from accredited haematology Bone Marrow Transplant Facilities

PMB conditions covered	
Addison's Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV/Aids
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	<i>Hypercholesterolaemia</i>
Chronic Obstructive Pulmonary Disease	Hypertension
<i>Emphysema</i>	Hypothyroidism
Chronic Renal Failure	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
<i>Angina</i>	Rheumatoid Arthritis
<i>Ischaemic Heart Disease</i>	Schizophrenia
Crohn's Disease	Systemic Lupus Erythematosus
Diabetes Insipidus	<i>Discoid Lupus Erythematosus</i>
Diabetes Mellitus Type 1	Ulcerative Colitis
Diabetes Mellitus Type 2	
Dysrhythmias	
<i>Cardiac Arrhythmias</i>	
	Note: All conditions in italics are sub-conditions

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

*** Subject to disease management pre-authorisation.

Primary Care Benefits	
Acute Medicine**	100% of GRP – unlimited Subject to the Network formulary and only if dispensed or prescribed by the prescribing Network GP or another designated service provider
Pharmacy Advised Therapy	100% of GRP limited to R75 per script and a maximum of R225 per family. This only applies for schedule 1 and 2 medicines obtained from a Network pharmacy
GP Consultations and Visits	100% of Network Rate 15 consultations per family limited to 6 per beneficiary <ul style="list-style-type: none"> Obtained from a Network GP No benefits apply for any consultation after the 6th or 15th consultation respectively, unless from a nominated Network GP and pre-authorised as part of a treatment plan subject to Network protocols
Nurse Consultations	No Benefit
Pre- and Post-natal Care	100% of Network Rate – unlimited Supervision of uncomplicated pregnancy up to week 20, including two 2D sonar scans
Minor Procedures in Rooms	100% of Network Rate – unlimited <ul style="list-style-type: none"> Obtained from a Network provider These procedures include stitching of wounds, limb casts, removal of a foreign body, clamp circumcision, excision and repair, drainage of subcutaneous abscess and avulsion of a nail
Basic Radiology**	100% of Network Rate – unlimited Subject to the Network protocols, formulary and referral by a Network GP
Pathology**	100% of Network Rate – unlimited Subject to the Network protocols, formulary and referral by a Network GP
Primary Dentistry**	100% of Network Rate – unlimited <ul style="list-style-type: none"> Subject to the Network protocols and use of the designated service provider appointed by the Network Primary dentistry means consultations, extractions, fillings, scaling and polishing, including emergency pain relief and removal of nerve There is no benefit for root canal treatment, crowns, dentures or other advanced dentistry
Optical**	100% of Network Rate <ul style="list-style-type: none"> Available per beneficiary, every 24 months Subject to the Network protocols and use of a Network provider <p>Benefits include:</p> <ul style="list-style-type: none"> One eye test One pair of white standard mono-or bifocal lenses in a standard frame from a set of pre-selected frames, or contact lenses to the value of R425 Benefits for frames other than the pre-selected frames are limited to R160

** Subject to managed healthcare programme.

Out-of-Hospital Benefits (Extender Benefits)	
GP Out-of-Network/ Emergency Visits	100% of Network Rate <ul style="list-style-type: none"> Limited to 3 visits per family and an overall cost of R1 200 The beneficiary is required to pay for the services and submit the claim to CareCross for reimbursement
Specialists*	100% of Network Rate <ul style="list-style-type: none"> Limited to R1 600 per beneficiary and R2 500 per family Subject to referral by a Network GP to a Network Specialist or other Scheme-approved Specialist, pre-authorisation and clinical protocols
Acute Medicine Prescribed by a Specialist*	100% of GRP Limited to R1 600 per beneficiary and R2 500 per family (both limits shared with Specialists benefit). Subject to referral by a Network GP to a Network Specialist or other Scheme-approved Specialist, pre-authorisation and clinical protocols
Pathology Requested by a Specialist*	100% of LMS Rate Limited to R1 600 per beneficiary and R2 500 per family (both limits shared with Specialists benefit). Subject to referral by a Network GP to a Network Specialist or other Scheme-approved Specialist, pre-authorisation and clinical protocols
Radiology Requested by a Specialist*	100% of LMS Rate <ul style="list-style-type: none"> Limited to R6 250 per family Includes MRI and CT scans, mammograms and bone density tests Subject to referral by a Network GP to a Network Specialist or other Scheme-approved Specialist, pre-authorisation and clinical protocols
Allied and Support Health Professionals	100% of Network Rate – unlimited Benefits only for qualifying PMB treatment

Out-of-Hospital Benefits (Extender Benefits) (continued)		
Appliances*	100% of Network Rate - unlimited Subject to pre-authorization and treatment protocols. Benefits only for qualifying PMB treatment. Hearing aids for children under the age of 8 years: 100% of LMS Rate. Limited to R10 600 per family and subject to the submission of an AV audiogram	
Mental Health Benefit*	100% of Cost Benefits only for qualifying PMB treatment and subject to pre-authorization and the relevant managed healthcare programme	
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	
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).

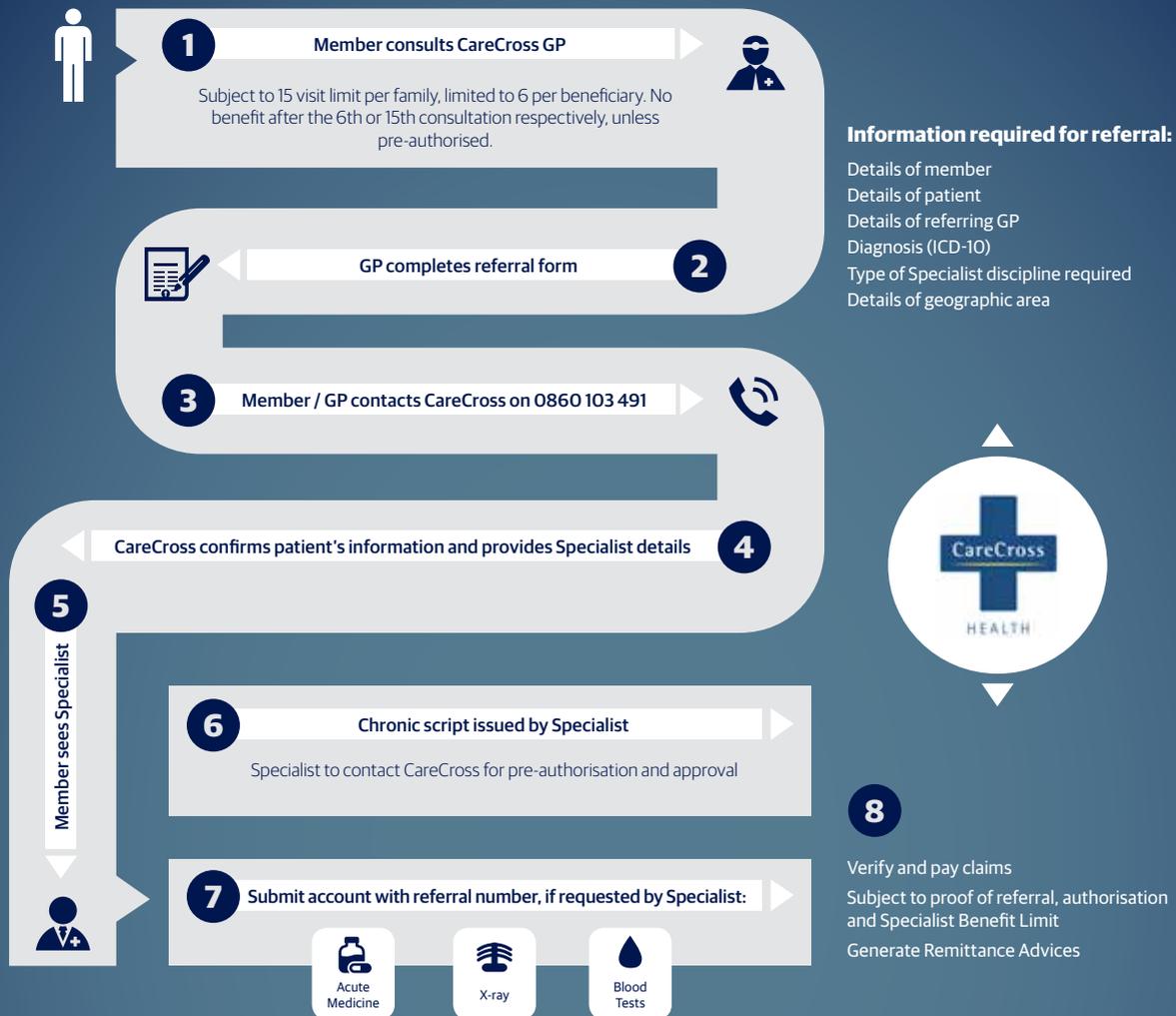
* Subject to pre-authorization and/or case management

** Subject to managed healthcare programme

Medical Rescue	
Emergency Transport Services	100% of Cost - unlimited Emergency road and air transport within South Africa if obtained via ER24

Monthly Contributions			
	Principal Member	Adult Dependant	Child Dependant
TRADITIONAL Standard	R 1583	R 1212	R 466

Specialist Benefit and Referral Process



Steps:

- 1** The member consults their CareCross GP.
- 2** The GP completes the referral form.
- 3** The member / GP contacts CareCross on 0860 103 491.
- 4** CareCross confirms the patient's information and provides them with details of which Specialist to visit.
- 5** The member makes the appointment, takes the referral note and referral number.
- 6** When a chronic script is issued by the Specialist, the Specialist will contact CareCross for pre-authorisation and approval.
- 7** If the Specialist requests the member to have x-rays, blood tests or acute medicines, the account should be submitted to CareCross with the referral number.
- 8** CareCross will verify and pay claims against proof of referral and any necessary pre-authorisation. Acute medication and pathology prescribed by a Specialist are also payable from this benefit. Payment is subject to pre-authorisation and the Specialist Benefit Limit of R1 600 per beneficiary and R2 500 per family. Radiology is subject to the Basic Radiology limit of R6 250 per family per year.

Contact Information

Liberty Medical Scheme

Private Bag X3
Century City
7446

Call Centre

0860 103 491 (CareCross – All Benefits)
0860 000 LMS / 567 (LMS – Membership and Contributions only)
084 124 or 0860 00 HELP / 4357 (Emergency Transport Services)
www.libmed.co.za or www.carecross.co.za

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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